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Hysterographies: Writings on Women's Reproductive Body Image in Contemporary French Fiction

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Hysterographies: Writings on Women's Reproductive Body Image in Contemporary French Fiction

Abstract

This dissertation draws attention to an ever-growing corpus of critically successful French writers who have offered innovative and often subversive explorations of reproductive experiences. It examines narratives centrally concerned with the autodiegetic narrator's perception of the female reproductive body during pregnancy, abortion, miscarriage, sterility, and menopause as well as when confronted with human reproductive cloning. I refer to these narratives as 'hysterographies,' at once encompassing the word's etymological roots (writings of the womb) and its biotechnical definition (a means of visualizing the uterus developed by French researchers Sicard and Forestier in 1921). In a first section, I chart the nature of the changing legislation, trends, biotechnological innovations and subsequent shifts in French birth culture within the 'new era of reproduction' that is the twentieth century and that, I contend, has inspired these authors. By revealing how writers like Redonnet, Darrieussecq, Ernaux, Laurens, and Houellebecq make use of this previously underexplored literary space, this study then uncovers the diverse fictional manifestations of this body that engage with the twentieth century's dramatic changes in birthing culture and the social, legal, and medical management of the female body, while revealing French women, modern medicine, and society's conflicting perceptions of it. These textual explorations, I argue, reflect on the female reproductive body and stimulate meditation on fiction's own creation, (re)production, repetitions, and impending sterility as it stretches generic, linguistic, and societal boundaries, reviving old literary topoï and introducing new ones.

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HYSTEROGRAPHS: WRITINGS ON WOMEN'S REPRODUCTIVE BODY

IMAGE IN CONTEMPORARY FRENCH FICTION

Jessica R. Jensen

University of Pennsylvania

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Hysterographies : Writings on Female Reproductive Body Image in Contemporary
French Fiction

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Jessica Ruth Jensen

For Mom

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ABSTRACT**HYSTEROGRAPHIES: WRITINGS ON WOMEN'S REPRODUCTIVE BODY
IMAGE IN CONTEMPORARY FRENCH FICTION**

Jessica R. Jensen

Dr. Gerald J. Prince

This dissertation draws attention to an ever-growing corpus of critically successful French writers who have offered innovative and often subversive explorations of reproductive experiences. It examines narratives centrally concerned with the autodiegetic narrator's perception of the female reproductive body during pregnancy, abortion, miscarriage, sterility, and menopause as well as when confronted with human reproductive cloning. I refer to these narratives as 'hysteroographies,' at once encompassing the word's etymological roots (writings of the womb) and its biotechnical definition (a means of visualizing the uterus developed by French researchers Sicard and Forestier in 1921). In a first section, I chart the nature of the changing legislation, trends, biotechnological innovations and subsequent shifts in French birth culture within the 'new era of reproduction' that is the twentieth century and that, I contend, has inspired these authors. By revealing how writers like Redonnet, Darrieussecq, Ernaux, Laurens, and Houellebecq make use of this previously underexplored literary space, this study then uncovers the diverse fictional manifestations of this body that engage with the twentieth century's dramatic changes in birthing culture and the social, legal, and medical management of the female body, while revealing French women, modern medicine, and

society's conflicting perceptions of it. These textual explorations, I argue, reflect on the female reproductive body and stimulate meditation on fiction's own creation, (re)production, repetitions, and impending sterility as it stretches generic, linguistic, and societal boundaries, reviving old literary *topoi* and introducing new ones.

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INTRODUCTION

Ma pensée, en dépit de la vente
plus grande que jamais du
roman, est que le roman est un
genre usé, éculé, qui a dit tout
ce qu'il avait à dire

Edmond de Goncourt à Jules Huret (1891)¹

Over the past two decades, respected critics like Tzvetan Todorov and Dominique Fernandez have been proclaiming the tragic decline of French fiction, an insurmountable literary sterility, just as de Goncourt had a century prior.² Prominent French scholars like Antoine Compagnon boldly confirmed a decline in French culture's influence (literature included) in the international sphere in a controversial *Time Magazine* article by Donald Morrison.³ So, one may ask, is French fiction finally experiencing this dreaded creative sterility after having exhausted every possible artistic resource? Hardly. Anglophone critics like Colin Davis, Elizabeth Fallaize, Warren Motte, and Gill Rye, just to name a few, vehemently dismiss these ominous cries as “premature” and reassure that French fiction is indeed still “alive and kicking”.⁴ Even many Francophone scholars, like

¹ Huret, Jules. *Enquête sur l'évolution littéraire. Conversations avec....* Paris : Charpentier, 1891.

² Fernandez, Dominique. *L'Art de raconter*. (2006) Paris: Livre de Poche, 2008.

Todorov, Tzvetan. *La littérature en péril*. Paris: Flammarion, 2007.

³ De Malet, C. & PF Paoli. “En déclin, la culture française?” *Lefigaro.fr*. 14 October 2008. Web. 16 October 2008.

Morrison, Donald. *Que reste-t-il de la culture française?* Paris: Denoel, 2008.

In spite of the uproar which misconstrued Morrison's statement as proclaiming French culture dead, the duo published *Que reste-t-il de la culture française*, carefully responding to the criticism and confirming the observation: “Seule une poignée des romans de la rentrée trouveront un éditeur hors de l'Hexagone—et quasi aucun aux Etats-Unis--, alors qu'une grande part des œuvres de fiction vendues en France sont traduites de l'anglais” (25).

Morrison, Donald. “In Search of Lost Time.” *Time.com*. 21 November 2007. Web. 22 November 2007.

⁴ Motte, Warren. “The critical novel in France, today.” *World Literature Today*. (2007): 50.

Davis, Colin & Elizabeth Fallaize. *French Fiction in the Mitterrand Years: Memory, Narrative, Desire*. New York: Oxford University Press, 2000.

Dominique Viart and Jan Baetens, vigorously argue that French fiction is instead experiencing a period of rebirth and renewal.⁵

Like *fin de siècle* France, an unprecedented number of publications inundated the markets in France at the turn of the millennium. According to the *Syndicat national de l'édition* and the *France-Diplomatie* website, the 10,000 French editors to be found in France today publish approximately 68,000 new titles each year in a variety of genres. In recent years, an average of 800 new French novels are published annually in the Hexagon.⁶ With these masses of works to consider, scholars are just beginning to make sense of the diverse thematic and generic interests, shifts, innovations, and narrative techniques that distinguish French fiction today.

Within this sea of publications, I would like to explore one of the fresh and exciting directions that contemporary fiction in French has taken over the past twenty years that emerges out of the intersection of three prominent sociocultural preoccupations: reproduction, body image, and biomedical technology.⁷ Up until the late 1980s, reproductive experiences (pregnancy, miscarriage or menopause, for instance) recounted in the first-person female narrator's perspective were few in French fiction and works centrally concerned with recounting these experiences, even more rare. Yet,

In the collection of essays published in *Devenirs du Roman* (2007), contemporary French writers vehemently refuse the notion of a novel in crisis and instead explore the different directions it is taking in the new millennium.

Devenirs du Roman. Ed. F. Bégaudeau, Bruce Bégout, Arno Bertina, Claro, Mathias Enard, Helene Gaudy, Mathieu Larnaudie, Benoit Maurer, Nicolas Richard, Oliver Rohe, Jerome Schmidt, & Joy Sorman. Paris: Naïve, 2007.

⁵ Baetens, J. & D. Viart. *Etats du roman contemporain*. Paris: Lettres modernes minard, 1999.

⁶ Khouri-Dagher, Nadia. "L'édition, un secteur en mutation." *diplomatie.gouv.fr*. 2008. Web. 15 February 2008.

⁷ Many fascinating hysteroographies exist in Francophone works written outside of France as well. I hope to consider these works in a future project.

by the early 1990s, at a time when the female body was being intensely theorized, a remarkable number of French authors began vividly probing the lived experiences of the female reproductive body, tapping them for both creative inspiration and critical reflection, while expressing them through the voice of the reproductive subject.

My dissertation documents and closely examines some key works within this ever-growing corpus that I will henceforth refer to as “hysterographies,” leaning on both the term’s etymological roots (literally “writings of the womb” and a radiographic means of visualizing the uterus).⁸ With this term, I unite these ideas to explore writings on women’s perceptions of their bodies (or body image) during reproductive or sterile experiences ranging from pregnancy to miscarriage, abortion, sterility, and menopause. This dissertation assembles a diversity of voices as they find value in writing these reproductive experiences to contemplate contemporary concerns, while also engaging in literary experimentation. The hysterographies considered herein appear in a wide variety of genres including the novel, fantastic narratives, fairy tales, metamorphosis narratives, science fiction, diary, and short story. My discussion will draw on narratological, sociological, medical, feminist, and cultural studies for the material of its reflection (Appendix I).

⁸ **Hysterography** (meaning “womb”--γραφία (gr. Graphia—writing)) n., 1. Radiography of a uterine cavity filled with contrast medium. 2. The procedure of recording uterine contractions during labor. American Heritage Medical Dictionary. Boston: Houghton Mifflin Co., 2008.

This dissertation closely analyzes a handful of hysterographies among the dozens that have been published over the past twenty years.

While the works I consider here are written by female authors, a hysterography can be written by a male author. When I created my corpus, I did not intend to, in any way, exclude on the basis of the author’s gender. On the contrary, I expected to find narratives written by men from the female reproductive body’s perspective. Simply, as of yet, such writings of the womb do not appear to inspire male authors—if they do exist, I have not found them. If/when they do create hysterographies, I am more than eager to add them to my corpus.

More specifically, this study analyzes how autodiegetic narrators recount lived experiences of the female reproductive body that have been undermined by the medical community in favor of biotechnological readings. Many works, for example, draw attention to the impact of the ever-changing relationship between the French state, obstetrics, and female body, a relationship that has dramatically shifted in France over the course of the 20th century.⁹ Autodiegetic narrators describe their interactions with medical technologies, like the sonogram, expressing the impact of visual technologies on reproductive experiences and body image. Hysterographies challenge homogenizing views of reproductive experiences while teasing out the different discourses that impact and shape their perception of them. Through their written explorations of pregnancy, pregnancy loss, sterility, and cloning, these writers reclaim the female reproductive body's voice and assert its importance in contributing to the understanding of reproductive experiences.¹⁰ A number of these fictions work to promote change in the ways that society and medicine approaches reproduction by illustrating the often silenced, first-person perspective. With their narratives, writers attempt to revalorize bodily perceptions and experiences, giving voice to their bodies, while engaging readers in reflection on how society, medicine, and law impact this body, and underscoring their autonomy as women and writers.

⁹ While my analysis and the hysterographies themselves do not aim to undermine the importance of reproductive technologies and progress made in the field of obstetrics and gynecology, they seek to identify some of the subsequent repercussions of these changes and call attention to the risks inherent with these technologies.

¹⁰ If these works focus on the body's interior, it is not to overvalue or overstate the role of the uterus, nor to reaffirm old stereotypes of its importance or of its unreliability. I am not attempting to exploit the creative/procreative metaphors that liken the composition of a work to the gestation and birthing of a child. Rather, this dissertation seeks to highlight how authors are valuing the female body's own perspective, engaging the reader in contemporary debates, and interacting with the forces/discourses that act on it.

In another move, this study examines narrative techniques and the ways narrators use language to discuss and convey perceptions of their bodies during these experiences, while interacting with contemporary issues around reproduction. Hysterographies do not try to assert a universal nature of reproduction, instead they distinguish each experience as unique by engaging with medical and legal language, myth, fantasy, memory and theory in a variety of ways. All of the autodiegetic narrators considered herein are themselves creative beings who write as they reflect on the (pro)creative process, proclaiming that a biologically reproductive body is an intellectually productive one as well.¹¹ Hysterographies often consciously work to fill a perceived void in French fiction concerning discussion of female reproductive experiences. Finally, I reflect on how we as critics think about literature, the creative process, and repetition, and how hysterographies directly challenge the notion of sterility in French fiction today. I believe that French writers of the past two decades have seized the experiences of the female reproductive body as an interpretive space to broach a wide variety of contemporary issues of creation, incest, history, family and humanity.

Writers of hysterographies do not write from one set feminist perspective, or with one set goal. Instead, they express a wide diversity of voices and multitude of experiences. These writers communicate lived perceptions of reproductive experiences as they react to a century of developments in reproductive science, while boldly asserting the value of female lived experiences in their fictions. Many authors recognize and seek to fill the relative void in French fiction concerning reproductive experiences. Other

¹¹ Shortly after I began my exploration of this topic, I realized that the great majority of hysterographies are recounted by narrators who are themselves writers (either by profession or for pleasure). These narrators are extremely conscious of their writing process.

authors of hysterographies write to bring about social change, while still others write to engage their readers in reflection on contemporary controversies.

Related Scholarship

Scholarship on contemporary writers of the past two decades is gradually gaining definition among the numerous anthologies on recent fiction. Gill Rye and Michael Worton edited Women's writing in contemporary France: New writers, new literatures in the 1990s, a strong collection of critical essays on the wide variety of themes, issues, and debates explored by women writers. Likewise, critics like Warren Motte in Fiction Now (2008), have begun identifying trends, like the critical novel, in contemporary fiction.¹² Some of the authors considered herein like Marie Redonnet, Annie Ernaux, Michel Houellebecq, and Marie Darrieussecq, have been the subject of much scholarly scrutiny, while others, like Justine Lévy and Louise Lambrichs are just beginning to gain recognition. Overall, criticism takes the form of monographs (as in the case of Redonnet, Ernaux, and Houellebecq), or broad collections of essays on recent women's fiction.¹³ Presently, no scholar has examined this corpus in relation to the female reproductive body.

Gill Rye's recent Narratives of Mothering: Women's Writing in Contemporary France (2009) most closely complements my project in its examination of maternal voices in recent French fiction and autobiographies. Although she does dedicate one

¹² Motte, Warren. Fiction Now: The French novel in the Twenty-First Century. Champaign: Dalkey Archive Press, 2008.

¹³ See also Fallaize's French Women's Writing: Recent Fictions (1993), Margaret Atack and Phil Powrie's Contemporary French fiction by women: Feminist perspectives (Manchester University Press 1990), and Adele King's French Women Novelists: Defining a Female Style (1989).

chapter to birthing narratives, the remainder of this study focuses on post-birth narratives tackling issues like lesbian motherhood and mother-daughter relationships. Rye is more concerned with what it means to be a mother in contemporary France than what it means to live a reproductive experience. In recent articles, Rye has begun exploration of a gradual surfacing of maternal voices in French fiction, specifically looking at how maternity affects a woman's sense of identity and how these works create "new discourses of maternity."¹⁴

Other scholars, like Anne Simon in her chapter "Embryon, femme, médecin: accouchement et avortement chez les romancières contemporaines," have observed a growing trend in writings of bodily experiences. Simon dismissingly comments on an increased interest in this literary topos and perceives it as "un retour de la femme matricielle, sous couvert d'une réorientation des représentations littéraires" (115), fearing that it reduces feminine creation to a writing of one's own body: "La focalisation sur l'organique ne réduit-elle pas la création féminine à une écriture autofictionnelle, focalisée sur le corps, où sombre le collectif à savoir l'histoire, le social et le politique" (115).¹⁵ While she refers to a few works that touch on abortion and miscarriage, she avoids any deeper analysis. As a result, Simon's perspective is reflective of prevalent attitudes about reproduction that work to silence these lived experiences. It is precisely this attitude that, I believe, many contemporary French authors are attempting to counter.

¹⁴ Rye, Gill. "Time for change: re(con)figuring maternity in contemporary French literature (Baroque, Cixous, Constant, Redonnet)." *Paragraph* 21.3 (1998): 354-374.

¹⁵ Simon, Anne. "Embryon, femme, médecin: accouchement et avortement chez les romancières contemporaines." *The Resilient Female Body : Health and Malaise in Twentieth Century France*. Eds. Maggie Allison & Yvette Rocheron. New York : Peter Lang, 2007.

Hysterographies

Before considering the hysterographies themselves, it is useful to situate and understand the nature of the changing legislation, trends, biotechnological innovations and subsequent shifts in French birthing culture within this ‘new era of reproduction’ that is the twentieth century and that, I contend, has inspired the authors of hysterographies. The first chapter (A New Era in Reproduction) thus provides an overview of the reproduction politics of this century, stemming in large part from France’s perennial pronatal tendencies that have shaped how the female reproductive body is managed and perceived today. I briefly chart the creation of mandatory prenatal care, fetal monitoring, movements between home to clinical births, fertility management, and biotechnical reproductive innovations that have impacted how the female reproductive body is managed in modern day France. These technologies valorize the medical perception and biotechnical output over the lived perceptions, at times displacing and alienating the pregnant subject and undermining her physical experience. This chapter details the biomedical technology responsible for these shifts in birth culture and reflects on the social and legal changes in France in order to extract how these contemporary novelists engage with, react to, and tap them as a source of inspiration and reflection, giving the reproductive female subject a voice in an effort to make reproduction not just a story of technology, medicine, or law, but of life.

Focusing on how contemporary French fiction narrates pregnancy and birth, the second chapter (Writing the Pregnant and Birthing Body) traces hysterographies throughout the twentieth century and explores how they react to and interact with these

dramatic changes in birth culture. After briefly investigating how the pregnancy and birthing experiences were written in pregnancy guides for mothers, I turn to some examples of early fictional hysterographies of the 20th century. Then, I examine contemporary works of fiction centrally concerned with writing the lived experience of pregnancy and birth.¹⁶ Marie Redonnet's Rose Mélie Rose (1987), I argue, revisits and revalorizes the pregnant experience—and the female reproductive body's in general—in order to highlight how it is shaped by society and law and express the need for change in the clinical approach, without suggesting that obstetrics is an unnecessary field. Simultaneously, Redonnet employs the pregnant experience to articulate her project and vision of literature's future. Both Christine Angot's Léonore toujours (1993) and Interview (1995) and Marie Darrieussecq's Le Pays (2005) employ a variety of narrative techniques and innovations to depict and (often subversively) explore the lived experience of pregnancy and delivery. These experiences guide the narrators in understanding other sources of struggle surrounding identity, while working to valorize the lived experience itself. Each work challenges the current homogenizing medical experience of pregnancy as it chronicles the narrator's perceptions of interactions with biomedical technology. While this chapter closely examines four examples of

¹⁶ Redonnet, Marie. Rose Mélie Rose. Paris: Editions de Minuit, 1987.

Angot, Christine. Interview. Paris : Librairie Arthème Fayard, 1995.

Angot, Christine. Léonore toujours. Paris : Gallimard, 1993.

Darrieussecq, Marie. Le Pays. Paris: P.O.L Editeur, 2005.

Darrieussecq, Marie. Truismes. Paris : POL Editeur, 1996.

Ernaux, Annie. L'événement. Paris: Editions Gallimard, 2000.

Lévy, Justine. Rien de Grave. Paris : Editions Stock, 2004.

Laurens, Camille. Philippe. Paris : P.O.L Editeur, 1995.

Lambrichs, Louise. Journal d'Hannah. Paris: ELA La différence, 1993.

Lambrichs, Louise. A ton image. Paris : Editions de l'Olivier, 1998.

Houellebecq, Michel. La Possibilité d'une île. Paris : Fayard, 2005.

pregnancy/birthing narratives, it also illustrates the growing interest among contemporary women writers in maximizing this little explored creative ground.

The third chapter (Unproductive Pregnancies: Writing Pregnancy Loss) navigates the complicated issue of writing pregnancy loss. All of the works boldly confront how medicine, law and society overshadow and silence the experiences of abortion, miscarriage, and stillbirth, as they reflect on ways to write their lived experience. Annie Ernaux's work, L'événement (2000), expresses how the female reproductive body is displaced and silenced by the moral/ethical/philosophical debate surrounding abortion—staging medicine as allied with the society/law and not the body itself. Ernaux explores a perceived alienation and loss of identity, as she writes an at once personal and collective experience. Moreover, this work revalorizes the often overlooked voice and perspective of the female reproductive body within the abortion debate. Justine Lévy's narrator in Rien de Grave (2004) expresses a similar loss of self, split and shattered by the medical experience of a late-term abortion. This narrator writes to restore her subjectivity and give meaning to the experience itself, emphasizing the long lasting psychological impact of biomedical technology on the subject. Finally, Camille Laurens's Philippe (1995) challenges the medical approach of locating the cause of death in stillbirth uniquely within the female reproductive body, assigning blame that silences the pregnant subject and fetus. By reinterpreting medical charts, she succeeds in writing her unborn son's life as she argues for restoration of her own identity as mother as well as Philippe's identity as her son. These authors boldly assert the importance of expressing the female viewpoint during these difficult experiences.

Chapter Four (Writing Barren Bodies) explores fiction that exposes the fate of the female reproductive body when it can no longer reproduce due to sterility or menopause. These works challenge how this body is perceived and monitored by society, medicine and law. Marie Darrieussecq's Truismes (1996), I argue, reflects on how medicine and society manipulate and marginalize the menopausal woman, push her to the limits of being human, while working to restore subjectivity through a confrontation of these images. Louise Lambrichs' Journal d'Hannah (1993) recounts the broken subject who is inadvertently rendered sterile following an abortion and works to restore her identity as woman and mother. Lambrichs establishes parallels with the experience of the French subject following WWII. These works find inspiration in the barren female experience as they engage readers in reexamination of their own perceptions of sterility.

In the final chapter of this dissertation (Conceiving Clones: Reimagining the Female Reproductive Body), I examine works that contemplate the place of the female reproductive body in a world that threatens to antique it with new reproductive technologies. This chapter serves as a counterpoint to the other chapters and asks what happens to the female reproductive body when faced with new reproductive technologies, like cloning, that threaten to render it obsolete. According to my definition, these works cannot be considered hysterographies, per se, because they do not offer the point of view of the female body—instead they are recounted uniquely from the first-person male doctor/scientist's perspective. Although this chapter stands in distinct opposition with the rest of my corpus, it effectively demonstrates the “other” side of

reproduction that is beginning to preoccupy French fiction and reflection on contemporary (and seemingly imminent) concerns. Both Michel Houellebecq and Louise Lambrichs engage the reader in discussion on the future of humanity in light of the recent developments in reproductive science and laws in place to control it. Lambrichs' A ton image (1998) anticipates a future where a woman could give birth to her own clone and delves into the intricacies of the debate over the legalization of cloning humans. Houellebecq's La Possibilité d'une île (2005) imagines a post-human society where reproduction, like communication, is effectuated solely through machines and the female body is an outdated procreative vessel. The repercussions of this technology in this world, the work projects, are far more severe than one might anticipate. Both of these works reflect on biological, but also literary repetition.

CHAPTER ONE

A New Era in Reproduction

The twentieth century witnessed a time of immense change in the social, legal, and medical management of human reproduction in the Western world. Over the course of this century often dubbed by medical historians as ‘a new era in reproduction’, the birthing culture in France dramatically transformed, rendering the female reproductive body more visible (inside and out) as medicine and society intensified their surveillance and management of reproduction. This chapter charts these changes and how medical, legal, cultural, and feminist discourses have shifted in recent history, constantly reshaping the female reproductive body and its perceived experience of reproduction. My intention here is not to provide a lengthy detailed history of reproduction and the female body in France as extensive scholarly attention has already been lent to this topic—rather, I would like to focus attention on a few pertinent changes in reproduction and technology over the past century that have undoubtedly influenced how the female reproductive body is managed and perceived today.¹⁷ I will highlight how during this century of intense interest on the female body, surprisingly little attention has been lent to women’s perspectives and lived experiences. Contemporary French writers, when faced with these shifts, debates, and technological developments, and general lack of fiction relating to

¹⁷ Extensive scholarship has been dedicated to the history of women’s medicine in France in the Middle Ages, Renaissance, Early Modern and Enlightenment periods including Sylvie Laurent’s *Naître au Moyen Âge. De la conception à la naissance: la grossesse et l’accouchement* (1989), Mireille Laget’s *Naissances: L’accouchement avant l’âge de la clinique* (1982), Valérie Worth-Stylianou’s *Les Traités d’obstétrique en langue française au seuil de la modernité* (2007), Evelyn Berriot-Salvadore’s *Un corps, un destin. La femme dans la médecine de la Renaissance* (1993), Susan Broomhall’s *Women’s medical work in Early Modern France* (2004), Holly Tucker’s *Pregnant Fictions: Childbirth and Fairy Tale in Early Modern France* (2003), Lianne McTavish’s *Childbirth and the Display of Authority in Early Modern France* (2005), Rolande Graves’ *Born to Procreate: Women and Childbirth in France from the Middle Ages to the 18th century* (2001), and Jacques Gélis’ *L’Arbre et le fruit* (1984).

these topics, reacted and engaged with them through their innovative works of fiction that I examine in this dissertation.

Medicalizing birth: “La puériculture intra-utérine” and the clinic¹⁸

The introduction of prenatal care in France

France has an extensive history of pronatalist politics and intensive surveillance of the female reproductive body that spans from the Middle Ages into the 21st century.¹⁹ The French are often qualified by scholars as “obsessed with counting themselves” and furiously attempting to curb a seemingly inevitable depopulation.²⁰ While this national preoccupation is certainly not unique to France, its intensity is.²¹ Likewise, this country’s multidimensional efforts to monitor and control reproduction, the female reproductive body, and protect the unborn distinctly mark its history.

¹⁸ Dr. Adolphe Pinard first used this expression in 1895. Later, Dr. Devraigne used the term “puériculture anténatale” still neither term is used today to designate prenatal care (*la consultation prénatale*).

Pinard, A. “Note pour servir à l’histoire de la puériculture intra-utérine.” *Bulletin de l’Académie de Médecine*. Paris: n.p., 1895.

¹⁹ Chesnais, J-C. *Le crépuscule de l’Occident: dénatalité, condition des femmes et immigration*. Paris: Laffont, 1995.

For more extensive discussion of the pronatalist/neo-malthusian struggles, see also: Yves Chabot’s *Du Malthusianisme au populationnisme (1840-1870)* (1981), Francis Ronsin, *La grève des ventres: Propaganda néo-malthusienne et baisse de la natalité en France, XIXe-XXe siècles* (1980), and Henri-Roger Guerrand’s *La libre maternité (1896-1969)* (1971).

For more on *fin-de-siècle* depopulation and feminism, see Karen Offen’s article “Depopulation, Nationalism, and Feminism in Fin-de-siècle France” (1984), Elinor Accampo’s “The Gendered Nature of Contraception in France: Neo-Malthusianism (1900-1920)” (2003).

Offen, Karen. “Depopulation, Nationalism, and Feminism in Fin-de-siècle France.” *American Historical Review*. 89.3 (1984): 648-676.

²⁰ Accampo, Elinor. “The Gendered Nature of Contraception in France: Neo-Malthusianism 1900-1920.” *Journal of Interdisciplinary History*. 34.2. (2003): 236.

Most recently, France experienced a “boum de naissances” in 2000: “Cette année-là, le nombre de bébés augmente de 5% 808 200 (contre 776 500 en 1999) et la tendance semble se confirmer ces dernières années” (Jacques 2).

²¹ Tomlinson, Richard. “The ‘Disappearance’ of France, 1896-1940: French Politics and the Birth Rate.” *The Historical Journal*. 28.2 (1985): 406.

The *fin-de-siècle* fear of depopulation was seemingly justified by statistics of the late 19th century, especially after the defeat of 1871. These numbers appeared to highlight a distressful combination of trends: a low birth rate, an increase in infant mortality, and the lowest fertility rate in Europe.²² Between 1871 and 1880, for example, France only counted 25.4 births per thousand inhabitants, as compared to Germany's 39.1 per thousand.²³ In 1890, 1892, and 1895, the total number of deaths in France exceeded the total number of births.²⁴ To make matters worse, infanticide, abandonment, and abortion were considered to be seriously afflicting the population. Countless theories on the causes of this drastic depopulation were proposed. Whereas some contemporary statisticians, like Jacques Bertillon, blamed the lower birth rate on men's efforts to prevent patrimonies from diminishing, others accused women for voluntarily limiting the size of their families with the help of various forms of contraception.²⁵

In response to these concerns, two distinct poles concerning the fluctuating demographic situation in France materialized: the Pronatalists and the Neo-Malthusians. Led by the anarchist Paul Robin (1837-1912), the French Neo-Malthusians movement arose from the ideas of Thomas Robert Malthus (1766-1834), who contended that overpopulation would inevitably lead to poverty and, thus internal instability, war, and

²² For a complete analysis of the imperfections and inconsistencies of these 19th century statistics, see Rollet-Echalier p. 28-52.

For additional studies on the 19th century French population concerns, see JC Chesnais' The Demographic Transition: Stages, Patterns, and Economic Implications: A Longitudinal Study of Sixty-seven Countries Covering the Period, 1720-1984 (1989).

For more on 19th century fertility trends, see Etienne Van de Walle's The Female Population of France in the Nineteenth Century: A reconstruction of 83 departments (1974), Ed. JR Gillis, LA Tilly, and D Levine's The European Experience of Declining Fertility, 1850-1970: The Quiet Revolution (1992).

²³ Annuaire statistique de la France. Résumé rétrospectif, France Ministère de l'Economie et des Finances. Paris : France Ministère de l'Economie et des Finances, 1966. 11.

²⁴ Dupacquier, J. Histoire de la population française. Paris : Presses universitaires de France, 1988.

²⁵ McLaren, Angus. "Abortion in France: Women and the Regulation of Family Size 1800-1914." French Historical Studies. 10. 3.1978.461-485.

the ultimate downfall of the nation.²⁶ While Malthus had advocated celibacy as a solution to overpopulation, the Neo-Malthusians believed development of effective contraception was the answer. The female reproductive body and the question of the “*droit de corps*” entered the public sphere as intellectuals attempted to determine whose right it was to determine the outcome of a pregnancy. Pronatalists, on the other hand, viewed depopulation as a potential cause of war and ultimate decline of France, weakening the military forces and economy. Organizations like the *Alliance nationale contre la dépopulation* and *Alliance Nationale pour l’accroissement de la population française*, advanced pronatalist agendas in active campaigns promoting large families (“Sans enfant aujourd’hui, plus de France demain” (1924)), educating Frenchmen of all ages on ways to promote a healthy birthrate that, in turn, would revitalize the national economy and help France regain its status as a strong nation.²⁷

Many pronatalists considered the burgeoning field of obstetrics to be the potential key to this problem of depopulation because of its dedication to discovering ways to decrease infant mortality.²⁸ Already by the end of the eighteenth century, dramatic changes to the approach to childbirth had occurred in efforts to save both mother and child from dangerous complications and death. The field of midwifery that had traditionally dominated childbirth with its “natural” approach to pregnancy, was slowly

²⁶ Malthus, T-R. *An Essay on the Principle of Population*. New York: Norton, 1976.

McLaren, Angus. “Reproduction and Revolution: Paul Robin and Neo-Malthusianism in France.” Ed. Brian Dolan. *Clio Medica/The Wellcome Series in the History of Medicine*. Rodopi: np. 24:165-188.

²⁷ Thébaud, F. *Quand nos grand-mères donnaient la vie: La maternité en France dans l’entre-deux-guerres*. Lyon: Presses de Lyon, 1986.

Physician Jacques Bertillon, chief demographer for the department of the Seine founded the *Alliance Nationale pour l’Accroissement de la Population Française*, adamantly fought for measures to combat the nation’s depopulation. See also Bertillon’s *La dépopulation de la France, ses conséquences, ses causes, mesures à prendre pour la combattre* (1911).

²⁸ Obstetrics was added to the French language around 1803/4.

replaced with a more “rational” and “scientific” approach by male midwives and eventually, the *accoucheur* or obstetrician.²⁹ Skepticism over a midwife’s competency was intense, as physician Antoine Petit expressed in 1798: “Si l’art des accouchemens a été si long-temps plongé dans l’obscurité, c’est qu’on l’avait abandonné à des femmes ignorantes (10).³⁰ The Maternité du Port-Royal in Paris opened in 1795 and served as a ward and school for midwives and obstetricians to closely observe and study their patients.³¹ With the official professionalization of obstetrics in 1806, medical students gained unprecedented access to such public maternity wards, even though wards were poorly frequented, in part because of rather appalling conditions.³² Obstetricians campaigned for numerous efforts aimed at improving the birthing conditions for women of lower social status. Their proposals sought, for instance, to grant additional government assistance to pregnant and postpartum women through the creation of new hostiles (*les asiles*) and public maternity wards (*les maternités*).³³ Measures also

²⁹ Graves, Rolande. Born to Procreate: Women and Childbirth in France from the Middle Ages to the 18th century. New York: Peter Lang, 2001.

³⁰ Petit, Antoine. Traité des maladies des femmes enceintes, des femmes en couche et des enfans nouveaux-nés, précédé du mécanisme des accouchemens. Paris: Baudouin, 1798-9.

For a study of midwifery in early modern France, see Wendy Perkins’ Midwifery and Medicine in Early Modern France: Louise Bourgeois (1996).

³¹ For a history of maternity wards in France, see Beauvalet-Boutouyrie’s Naître à l’hôpital (1999).

³² See Beauvalet-Boutouyrie pp. 36-27.

³³ For more discussion on why medical specialization emerged during this period, see George Weisz’s article, “The Emergence of Medical Specialization in the Nineteenth Century.” Bulletin of the History of Medicine. 77.3 (2003): 536-575.

See also, A. Pinard’s “De l’assistance des femmes enceintes, des femmes en couches et des femmes accouchées” (1890) for more on the arguments for this governmental aid.

Pinard, A. “De l’assistance des femmes enceintes, des femmes en couches et des femmes accouchées.” Revue d’hygiène et de police sanitaire. 12. (1890): 1098-1112.

Dr. Bouchacourt’s work (although skeptically assessed by Dr. Budin) also argues for more support for pregnant women, lest they act like the heroines of Zola’s recent novel, Fécondité: “La future mère étant abandonnée par les pouvoirs publics, et par la charité privée, qu’il y a t il d’étonnant à ce qu’elle cherche si souvent dans le suicide un oubli à son malheur, ou à ce qu’elle a recours aux pratiques en usage dans ces officines louches, dont Zola fait un tableau si dramatique dans *Fécondité*” (488).

attempted to monitor the mother's prenatal behavior in order to ensure that she did not deviate from the prescribed periods of rest (a concern for working mothers of large families). In the mid 19th century, the impressive understanding of the female reproductive body once achieved in Greco-Roman Antiquity and lost to the West in the Middle Ages, was finally recovered in 1838 when a manuscript of the Traité des maladies des femmes by Soranus Ephesius (1st/2nd century "Father of Gynecology") was discovered and scrutinized by Isidore Pinoff.³⁴ Even though true advancements in obstetrics did not occur until the turn of the century, the *accoucheur*/obstetrician gradually replaced the midwife because of the development of new technologies, surgical interventions, and techniques (forceps, C-section) that midwives were not permitted to use.

By the late 19th century, Paris stood as Europe's "*berceau de l'obstétrique*".³⁵ At the University of Paris, then a flourishing center for obstetrical research, physicians investigated ways to curb infant mortality, initially by targeting the health of the pregnant body. Developments in hygiene stemming from the Pasteurian and Listerian revolutions improved the conditions of birth overall promoting hand washing and sterilizing equipment.³⁶ Doctors like Stéphane Tarnier (1828-1897), made great steps in neonatology and experimented with ways to help premature babies survive with proto-

Bouchacourt, L. Dr. Hygiène de la grossesse et puériculture intra-utérine par le Dr. L. Bouchacourt. Avec une préface de P. Budin. 2^e édition. Paris : Octave Doin, 1905.

³⁴ For more discussion on the scientific inheritance of the Latin speaking world, see Graves' Born to Procreate pp. 19-32.

³⁵ The discipline of obstetrics has its roots in France. French physicians, like Ambroise Paré (ca.1510-1590) and François Mauriceau (1637-1709) had already begun publishing works on delivery, earning France its name as the Western "*berceau de l'obstétricie*". French physician Mauriceau (1637-1709) is today considered to be the founder of modern obstetrics.

³⁶ Rollet-Echalier, Catherine. La politique à l'égard de la petite enfance sous la III^e République. Institut National d'Etudes Démographiques. Paris: Presses universitaires de France, 1990.

incubators (*les couveuses*).³⁷ Dr. Adolphe Pinard (1844-1934) experimented with pain management during delivery and surgical procedures through the administration of chloroform and opiates.³⁸ By 1895, Pinard actively promoted the notion of “*la puériculture*” which sought to protect children after birth by providing more extensive follow-up postnatal care (“*la puériculture extra-utérine*”), educating young mothers (on lactation, hygiene) and attempting to improve their basic living conditions.³⁹ Still, until the turn of the century, the medical approach to pregnancy largely focused on maintaining the health of the maternal body, instead of monitoring the inaccessible fetus’ health. Before birth, doctors and midwives had relatively minimal interaction with the pregnant body and heavily relied on the pregnant woman to signal potential problems.⁴⁰

Little by little, the French medical community led by prominent obstetricians Drs. Pinard and Pierre Budin (1846-1907), shifted its attention to protecting and monitoring the health of the fetus *in utero* (dubbed “*la puériculture intra-utérine*”), which led to the notion of prenatal care and screening.⁴¹ Medical science had long struggled with finding a means to effectively assess the health of the fetus *in utero*. In the mid 1840s, French

³⁷ Berthod, Paul. Les Enfants nés avant terme. La couveuse et le gavage à la Maternité de Paris. Paris : O. Doin, 1887.

³⁸ Pinard, Adolphe. “De l’Action comparée du Chloroforme, du Chloral, de l’Opium et de la morphine chez la femme en travail.” Paris : n.p., 1878.

³⁹ Rollet- Echalié, Catherine. La politique à l’égard de la petite enfance sous la IIIe République. Institut National d’Etudes Démographiques. Paris: Presses universitaires de France, 1990.

The notion of “*la puériculture*” was introduced earlier in the century. The earliest mention that I found was in 1865 by Dr. Alfred-Charles Caron.

Caron, Alfred-Charles. “Introduction à la puériculture et l’hygiène de la première enfance.” Paris : n.p., 1865.

⁴⁰ Graves, Rolande. Born to Procreate: Women and Childbirth in France from the Middle Ages to the 18th century. New York: Peter Lang, 2001. 107-151.

Mauriceau, François. Des maladies des femmes grosses et accouchées. Paris: Jean Henault, 1668.

⁴¹ The French approach to birth (incorporating pre- and post-natal care was quickly adopted in other countries in Europe. Dr. Pinard is typically credited with introducing this approach.

O’Dowd M J, Philipp E E. The history of obstetrics and gynecology. London: The Parthenon Publishing Co, 1994.

obstetricians Cazeaux and Tarnier observed that fetal distress during delivery could be diagnosed by monitoring fetal heartbeat with the stethoscope, drawing attention to the possibility of monitoring the fetus *in utero*.⁴² By the turn of the century, science had just begun developing means of monitoring not only the woman's health (primarily screening for diseases like tuberculosis and syphilis), but the condition and positioning of the fetus *in utero* (through the use of the "*palper abdominal*" and the obstetric stethoscope).⁴³ Preliminary urinalysis was even developed to detect dangerous conditions like preeclampsia. Dr. Budin, in his February 5th report to the *Commission de la dépopulation*, "La mortalité infantile de 0 à 1 an" (1902), proposed that the combination of prenatal exams, prophylactic treatments, and dissemination of information about potential risks for mothers could be an effective strategy to significantly reduce infant mortality (27).⁴⁴ Yet, in spite of its potential, the notion of prenatal care and screening remained a highly controversial topic.

Over the next two decades, the intensified interactions between obstetrician and the pregnant body through prenatal medical consultations were extensively studied and debated. A series of medical theses were published, reflecting a growing interest in the

⁴² Cazeaux, P. Traité théorique et pratique de l'art des accouchements. 2nd edition. Paris: Méquignon-Marvis Fils, 1844. 119-120.

"Sans aucun doute, ces signes et surtout l'irrégularité des battements, qui me paraît de tous le plus important, indiquent évidemment un état de souffrance du fœtus" (120).

By 1891, an early cardiogram, or phonocardiography, that better monitored and traced fetal heart rates was developed by Italian doctor Pestalozzo (History 99).

⁴³ Pinard, Adolphe. "Traité du palper abdominal au point de vue obstétrical et de la version par manœuvres externe." Paris : G. Steinheil, 1889.

⁴⁴ "La commission ne peut, il me semble, que se rallier au vœu suivant vote au congrès de Nantes et demander les mesures nécessaires afin : que toute femme enceinte reçoive l'assistance nécessaire pour se trouver dans les conditions hygiéniques indispensables pour elle et son enfant dans les trois derniers mois de sa grossesse" (28).

Budin, Pierre. "La mortalité infantile de 0 à 1 an." Paris : Commission de la dépopulation, 5 February 1902. Print.

reevaluating the relationship between a physician and the pregnant body. Dr. Pierre Tessier's thesis, La grossesse et la loi française : lois, jurisprudence et coutumes relatives à la femme enceinte (1908), for instance, argues that prenatal exams, however useful they may be, should not be imposed on pregnant women because the doctor "se rendrait coupable d'un attentat à la pudeur" (41).⁴⁵ Historian Catherine Rollet-Echalier confirms this general apprehension and resistance by women which was exacerbated by the examination's public nature (in front of medical students). This problem was solved by requiring a woman/midwife to assist the examination and offering individual consultations (Rollet-Echalier 217). Indeed, fears of preserving modesty seem to have quickly waned, as Dr. Paul Leblanc's thesis, Contribution à l'étude de la puériculture intra-utérine (1911) reflects. He posits that "la surveillance médicale" could protect the fetus from the risks of alcoholism, excessive fatigue, disease, and gestational diabetes ("albuminerie") while also helping to position the fetus for an easier delivery—a belief held by many obstetricians. In fact, statistics show that prenatal consultations grew increasingly common. Whereas in 1885, the Maternité de Port-Royal was the only ward that provided this type of prenatal examination, between 1890 and 1914, 180,000 prenatal exams had been conducted at over two hundred clinics (Rollet-Echalier 162, 217).

By the early 1920s, prenatal care and close medical surveillance during pregnancy had become widely embraced by French physicians and was applicable to women of all social classes. Pregnancy guides like Dr. Léon Pouliot's Hygiène de Maman et de Bébé

⁴⁵ Tessier, Pierre. La grossesse et la loi française : lois, jurisprudence et coutumes relatives à la femme enceinte. Paris : Fournier, 1908.

According to Rollet-Echalier, because these examinations were public in front of medical students, women were resistant to them. This problem was solved by requiring a woman/midwife to assist the examination and offering individual consultations (217).

(1921) instruct future mothers of the undeniable benefits of being properly monitored by a doctor.⁴⁶

Il est donc nécessaire de consulter un médecin ?

Si vous êtes enceinte pour la première fois, c'est une nécessité de toute première urgence.

Pour les grossesses ultérieures, il le faut également, car, si bien que se soient passées vos premières couches, vous n'êtes pas à l'abri de complications pendant la gestation, d'accidents pendant le travail. [...]

Ne peut-on se contenter de consulter une sage-femme ?

C'est une grave erreur ; quelques sages-femmes ont une réelle connaissance théorique et une grande expérience pratique de l'obstétrique pure, mais même les meilleures d'entre celles-là manquent des connaissances générales qu'il leur faudrait en médecine pour surveiller efficacement la santé d'une femme enceinte (76-7)

This 'urgent necessity' to monitor the female body persists and intensifies as the century progresses. Medical narratives of pregnancy and birth began incorporating these frequent check-ups as a necessary part of the experience.⁴⁷ By the 1940s, Dr. Paul Morin's La femme enceinte (1947), for example, insists in a section dramatically underlined in red ink : “ A partir du moment où elle est enceinte, la femme entre en effet dans un état qui, pour naturel qu'il soit, relève de la médecine. Elle doit par conséquent se plier à une surveillance médicale dont ce livre montrera le but et l'importance ” (9).⁴⁸ This idea intensifies over the course of the century, as guides for future mothers like Dr. André Dauphin's Vous allez être Maman (1961) describe ominous scenarios were these prenatal exams avoided:

⁴⁶ Dr. Léon Pouliot's Hygiène de Maman et de Bébé (1921) reminds women that reproducing is their duty as patriots and likening the non-reproducing woman to the enemy: “les pertes matérielles immenses que nous avons subies, les fruits même de notre glorieuse victoire, tout sera perdu, si vous ne donnez pas d'enfants à la France, votre mère. Vous ne serez pas moins patriote que les femmes Boches” (10). Pouliot, Léon. Hygiène de Maman et de Bébé. Paris: Nouvelle Librairie Nationale, 1921.

⁴⁷ Even in the 1930s, French obstetricians and medical historians like Devraigne noticed the importance of this change on the way that the women experienced pregnancy: “ Ce mouvement que nous indiquons en France en faveur de la surveillance, de la protection des mères et des enfants, s'est généralisé dans le monde entier ” (L'âge de l'obstétrique, 127)

⁴⁸ Morin, Paul. La femme enceinte. Paris : Editions Tiranty, 1947.

Vous devez vous souvenir que la plupart des grossesses malheureuses l'ont été *parce que la maman n'avait pas écouté les conseils qui lui étaient donnés*, qu'elle ne s'était pas pliée au repos que réclamait son état. Vous devez vous souvenir aussi *que des enfants sont morts, ou se sont trouvés débiles ou malformés, parce qu'une maladie de la mère n'avait pas été dépistée au moment où il était encore possible de la soigner* : si la mortalité infantile, autrefois très importante, est aujourd'hui très peu élevée, vous pensez bien que c'est *grâce aux efforts de prévention et de surveillance* qui ont été multipliés et coordonnés ces dernières années. De même, c'est grâce aux examens réguliers de la mère que tout risque grave pour sa santé du fait de la grossesse peut pratiquement être écarté (10, my italics)⁴⁹

According to physicians, the woman's experience of her pregnant body could no longer be trusted on its own. A physician's guidance and intensive prenatal monitoring were indispensable for fetal protection and essential to ensure a healthy birth. Today, one century after the notion of prenatal care was first introduced in France, the French government still firmly aims to ensure that all pregnancies are closely monitored and boasts only 0.2% of pregnancies are "non suivies".⁵⁰

Monitoring births: From midwives to doctors, home births to clinics

Ensuring the effectiveness of this potentially expensive and time-consuming prenatal surveillance was no easy task and posed a significant challenge to obstetricians and the French state. Attracting women to these wards for prenatal exams posed a serious problem as well. In the early 20th century, public maternity wards were still generally perceived as refuges for poor, unmarried women and considered death traps ("*les mouvoirs*") due to understaffing, poor organization, and unhygienic conditions that

⁴⁹ Dauphin, André. *Vous allez être Maman*. Paris: Edition Néret, 1961.

⁵⁰ Cohen, J., P. Madelenat, & R. Levy-Toledano. *Gynécologie et santé des femmes : Quel Avenir en France : Etat des lieux et perspectives en 2020*. Paris, eska, 2000. 84.

presented high risk of puerperal fever (62).⁵¹ Successfully persuading women to give birth under the watchful eye of an obstetrician in a maternity ward instead of at home with a midwife, was even more difficult. Although many medical historians have described a general shift towards clinics, a closer examination reveals a series of complicated shifts away from and towards home births.⁵² Ultimately, this dramatic change in birthing practices was effectuated through a combination of financial incentives, official legislation, social/medical pressure, and the introduction of reproductive technologies.

Historians offer several possible explanations for the successful shift from the private to the public sphere. Antoine Prost and Françoise Thébaud both suggest that the pro-natalist policies of the *Front Populaire* which included the instauration of *Assurances Sociales* in 1930, rendered prenatal care and birthing in hospitals more financially appealing: “à condition de subir trois examens au cours de leur grossesse, les futures mères reçoivent des allocations prénatales, et d’autres visites sont instituées pour les nouveau-nés” (109).⁵³ Because of the rather complicated nature of the reimbursement

⁵¹ Henriette Valet’s *Madame 60 bis* (1932) details the pathetic conditions of the maternity ward in Hôtel-Dieu, where women are surrounded by disease and often treated like animals. (See Chapter 2) In the 19th century, epidemics frequently hit maternity wards. According to Graves, “It was not until the mid-nineteenth century that obstetricians would face the fact that women were seventeen times more likely to die in the hospital than at home or even in the fields” (72). Beauvalet-Boutouyrie discusses the impact of poorly organized maternity wards on infant and maternal mortality (pp. 33-47).

The conditions in hospitals did not improve greatly until the 1960s (Knibiehler, *Accoucher* 34).

⁵² It is also important to take into consideration the populations considered— for example, urban vs. rural populations witness drastically different trends.

⁵³ Ariès, P & G. Duby. *Histoire de la vie privée*. Vol.5. Paris : Seuil, 1987. Thébaud 40-45.

“ Le 1^{er} février 1933, Marcel Martin, Directeur adjoint de la Caisse Interdépartementale de la Seine et de la Seine-et-Oise, déclare dans une conférence à la Bourse de Travail : “ Les Assurances Sociales doivent par tous les moyens, par l’éducation d’abord, par l’obligation ensuite, amener les futures mamans à déclarer leur grossesse le plus tôt possible et leur faire comprendre que leur santé et la vie de l’enfant qu’elles portent peuvent dépendre d’une déclaration précoce et d’examens médicaux réguliers ” (Thébaud 40).

system, scholars like Alison Martin suspect that a misconception that midwives and home births were not eligible was the primary financial impetus for women to choose to birth in hospitals (180). Indeed, by the end of the 1930s, significantly fewer women were birthing at home as Dévraigne observed in *L'Obstétrique à travers les âges* (1939)⁵⁴ :

Depuis une trentaine d'années, les femmes accouchent de plus en plus volontiers dans des cliniques privées, dans des salles spéciales, sur un lit spécial où l'on peut facilement mettre la patiente au bout du lit pour y subir une application de forceps, ou une délivrance artificielle, ou une restauration du périnée (124)

Yvonne Knibiehler agrees with the financial incentive theory and also highlights the legislation in the mid-1940s and the introduction of *Sécurité Sociale* (1945-6) that required a doctor's (not a midwife's) consultation in order to legally declare a pregnancy with the French state.⁵⁵

During the *Trente Glorieuses* (1945-75), France witnessed a significant transformation in birthing practices as women of all social classes began delivering more frequently in hospitals and private clinics and less at home.⁵⁶ Medical historians also attribute this change to the introduction of new technologies that monitored birth like cardiograms, hysteroographies, and ultrasound scans gradually gave a (debatably false) impression of security within the hospital or clinic's walls.⁵⁷ As Ariès observes, the

⁵⁴ Dévraigne, L. *L'Obstétrique à travers les âges*. Paris : Editions Doin, 1939.

⁵⁵ Knibiehler, Yvonne. *Accoucher : Femmes, sages-femmes et médecins depuis le milieu du XXe siècle*. Rennes : Editions ENSP, 2007.

⁵⁶ Knibiehler, Yvonne. *Accoucher : Femmes, sages-femmes et médecins depuis le milieu du XXe siècle*. Rennes : Editions ENSP, 2007. 31.

This period is also known for its "baby boom" : "A la fin des années 1930, on comptait en France 650 000 naissances par an. A la fin des années 1950, 850 000!" (Knibiehler, *Accoucher* 32).

In France, there are both public and private institutions in which to birth. These structures are then divided and named (niveau 1, 2, 3) according to their different levels of equipment (Jacques 37).

⁵⁷ Pernoud's 1958 edition expresses preference of a hospital birth over one at home: "Grâce à leur asepsie et à leur propreté rigoureuses, à leur équipement ultra-moderne, à leur personnel médical présent jour et nuit, à leur laboratoire, les cliniques offrent aujourd'hui une sécurité qu'il est matériellement impossible d'avoir chez soi" (241).

increased presence of technology after the Second World War made hospitals symbolic “temple[s] de la médecine” and thus more attractive to people of all social classes: “C’est là qu’il faut aller pour être bien soigné, quand on est vraiment malade. C’est même là qu’il faut aller quand on ne veut prendre aucun risque de complication, pour un accouchement, par exemple” (Ariès 110). Conditions in maternity hospitals drastically improved due in part to “la révolution pasteurienne” with its understanding of pasteurian hygiene. Gradually, the overall number of deaths from infections following childbirth and surgical procedures (like the cesarean section and hysterectomy) diminished, which slowly changed public perception of the hospital and clinic in France. By the 1950s, the renowned French Dr. Lamaze popularized psychoprophylactic birthing techniques, after observing their application in a Russian maternity ward.⁵⁸ The promise of a pain-free birth (*accouchement sans douleur*) with the introduction of effective analgesics, like the epidural, and psychoprophylactic breathing techniques, strongly appealed to women as well (129).⁵⁹ While in the 50s, approximately half of births took place in French hospitals/clinics, this number shifted to 90% of births in the 60s! Today, an estimated

Martin, Alison. “Birth Culture in France: A Painless Subjectification.” Ed. A. Martin & Y. Rocheron. The Resilient Female Body: Health and Malaise in Twentieth Century France. Oxford: Peter Lang AG, 2007. 115-132.

Pernoud, Laurence. J’attends un enfant. 1956. Paris: Editions Horay, 2007.

These alternative methods of birthing and pain management (sometimes called A.S.D. or “accouchement sans douleur”), qualify for reimbursement by the French government (Pernoud 298).

⁵⁸ Caron-Leulliez, Marianne & Jocelyne George. L’accouchement sans douleur: Histoire d’une révolution oubliée. Paris : Editions de l’atelier, 2004.

⁵⁹ Akrich, M. & B. Pasveer. Comment la naissance vient aux femmes : Les techniques de l’accouchement en France et aux Pays-Bas. Paris : Synthélabo, 1996.

Thoulon, J-M & J-C Pasquier, P. Audra. La surveillance du travail. Paris : Masson, 2003.

In 1958, Pernoud describes the frequent use of chloroform to render the mother unconscious during the final stages of delivery (191).

In the 1980s, the medical community and French society had public debates over the use of the epidural during labor. Opponents believed that it forced women to submit passively to medical control during labor, while supporters argued it relieved women from excruciating pain. The epidural was routinely used by 1972 (Thoulon xii). Today, 70% of French women use epidurals (Akrich 96).

99.5% of births occur in relatively large hospitals or clinic, or between one and two births out of 1000 occur at home in France.⁶⁰ (Yet, over the past thirty years, numerous efforts to reverse this trend have been advanced in France (albeit with little effect).) Thus, by shifting popular perceptions of the clinic, more women sought prenatal care and medical management of their deliveries.⁶¹

As women began birthing more frequently in hospitals, new technologies that allowed *in vivo* visualization of the female reproductive body's interior (including the fetus) continued to revolutionize obstetrics, profoundly impacting the procreative experience and contributing to legislation focused on fetal protection. With each new technique or technology (many introduced by French scientists), the female reproductive body was rendered increasingly transparent, facilitating the medical monitoring of fetal development. The numerous applications of radiography had great influence on pregnancy and science when, in 1913, doctors Potocki, Delherm, and Laquerrière presented at the 17th International Congress of Medicine a radiographically visualized fetus *in utero* (History 509).⁶² Radiography was later adapted by Sicard and Forestier in 1928 when they used injections of lipiodol to visualize cavities of the body ranging from the subarachnoid space to the female reproductive tract (*l'appareil génital*).⁶³ Sicard and Forestier observed that "le lipiodol permet de voir s'il existe une malformation de

⁶⁰ Beauvalet-Boutouyrie, Scarlett. *Naitre à l'hôpital au XIXe siècle*. Paris : Belin, 1999. 5-10

⁶¹ Knibiehler, Yvonne. *Accoucher : Femmes, sages-femmes et médecins depuis le milieu du XXe siècle*. Rennes : Editions ENSP, 2007. 26.

⁶² *The History of Obstetrics and Gynecology*. Eds. Michael O'Dowd & Elliot E. Phillip. New York: Parthenon Publishing, 1994. 512.

⁶³ Sicard, JA & J. Forestier. "Diagnostic et Thérapeutique par le lipiodol : clinique et radiologie." Paris : Masson et Cie, 1928.

l'utérus qui aurait passé inaperçue" (218). When visualizing the womb *in vivo*, this procedure was called the hystero-graphy.⁶⁴

L'intérêt de l'injection intra-utérine du Lipiodol est double: 1) Elle permet l'exploration de la cavité utérine. 2) Elle rend possible l'étude de la perméabilité des trompes avec une précision inconnue jusqu'à ce jour" (Sicard 207).

This technique was employed in both 'normal' subjects to visualize the uterus and Fallopian tubes and in pathological cases to give insight into "l'état de la cavité utérine, d'une part, au cours des affections de l'appareil utéroannexiel, sur la perméabilité des trompes, d'autre part, complétant ainsi le test de Rubin pour les cas de stérilité" (214). Throughout the 20th century, doctors used the hystero-graphy to localize possible sources of infertility, detect anatomical deformities, monitor the womb after miscarriage, and uterine contractions during labor. A woman could visualize and also identify the cause of her sterility or see the fetus *in utero*, altering the perception of her body.⁶⁵ To this day, the hystero-graphy is used to visually detect abnormalities in the uterus, although more recent innovations are gradually replacing this technology.

Visualizations of the uterus and fetus continued when the development of ultrasonic technology, first introduced by Pierre Curie (1859-1906), was applied in obstetrics in 1958 by Professor Ian Donald in the form of the sonogram (*l'échographie*),

⁶⁴ Hystero-graphies are also referred to as hysterosalpingographies.

⁶⁵ Maggioni, in her findings of Italian women's perception of their bodies following a hystero-graphy, observes that women sometimes misinterpret the findings and use them to localize the cause of their problems: "A l'hystéro-graphie nous avons vu un rétrécissement de l'utérus: j'ai l'intestin trop bas et ça comprime l'utérus. Alors c'est pour ça que mes règles sont douloureuses, à cause de ce rétrécissement" (69).

Maggioni, Cristina. *Femmes infertiles: Image de soi et désir d'enfant*. Trans. F. Vischetti. Paris: Editions de Presse, 2006.

which provoked a revolution in the field.⁶⁶ In the 60s, Sonicaid® used ultrasonic technology to monitor fetal heartbeat in the first trimester of pregnancy.⁶⁷ The sonogram was popularized in France in the 1970s by doctors C. Colette, G. Boog, and Bernard Leroy who initially used it to localize and measure the placenta (Pernoud 45). In the 21st century, doctors routinely use this technology at least three times during pregnancy (third, fifth, and seventh month) to verify the development of the fetus, detect and identify physical malformations, and determine the sex.⁶⁸ Today, technologies enable unprecedented access to the womb through computerized tomographic scans and magnetic resonance imaging (MRI), allowing parents to see a developing fetus *in vivo*, even distinguishing its profile and three-dimensional image.⁶⁹

Finally, the introduction of legislation detailing the number of prenatal medical visits across the 20th century guaranteed this monitoring, which undoubtedly had dramatic repercussions on not only the ways the female body was managed, but on a pregnant subject's self-perception. Over the century, the three mandatory visits set in place in the 1930s, jumped to four in 1984, and a minimum of seven prenatal visits (and one postnatal) in 2009, not including at least three additional appointments for ultrasounds.⁷⁰ In comparison with its European neighbors, France insists on a heavily

⁶⁶ Planiol, Thérèse. "A brief history of French Society of Ultrasound in Medicine and Biology (SFAUMB)." European Journal of Ultrasound. 2 (1995) 88.
For a complete history of Donald's discovery, see Ann Oakley's The Captured Womb (1984) (pp. 155-186).

Knibiehler, Yvonne. Accoucher : Femmes, sages-femmes et médecins depuis le milieu du XXe siècle. Rennes : Editions ENSP, 2007. 110.

⁶⁷ Daffos, Fernand. La vie avant la vie: la découverte du fœtus. Paris: Calmann-Lévy, 1995.

⁶⁸ Obstétrique pour le praticien. Ed. J. Lansac & G. Magnin. 5th ed. Paris: Elsevier Masson, 2008. 54-78.

In the United States, women typically only have two ultrasounds over the course of their pregnancy.

⁶⁹ Obstétrique pour le praticien. Ed. J. Lansac & G. Magnin. 5th ed. Paris: Elsevier Masson, 2008. 53.

⁷⁰ Akrich cites an average of 8-10 visits, plus those for three ultrasounds (66).

monitored experience of pregnancy and birth (although relatively comparable to the system in the United States) (Akrich 13). At least three ultrasounds (covered by medical insurance) are performed in France, as opposed to one or none in the Netherlands (67). Sociologists Madeleine Akrich and Bernike Pasveer's comparative study of birthing practices reveals different attitudes towards birth in the Netherlands and France, reinforcing Martin's claim of a highly medicalized system in France that strongly associates pregnancy with inherent risk (63). Akrich cites Nisand's 1994 article in *Les dossiers de l'obstétrique*⁷¹ :

Un accouchement ne peut être considéré comme normal que deux heures après la naissance et certaines complications (certes rares mais graves) peuvent survenir sans que rien ne permette de les prévoir. [...] De la même manière, il faut que les accouchements se passent à un endroit où l'on trouve en permanence une sage-femme, un obstétricien, un anesthésiste et un pédiatre (29)

She also maintains that obstetrics in France is considered “comme une spécialité d'urgence, parce que “les accouchements ne sont pas programmés et les complications obstétricales encore moins” (50). In contrast, Akrich argues, the Netherlands offers a more “natural” approach to pregnancy and delivery: “La grossesse et l'accouchement sont des processus naturels qui peuvent avoir lieu à la maison sans intervention, sous la

Pernoud, Laurence. *J'attends un enfant*. 1956. Paris: Editions Horay, 1984.

Obstétrique pour le praticien. Ed. J. Lansac & G. Magnin. 5th ed. Paris: Elsevier Masson, 2008.

Weiner, Susan. *Enfants terribles: Youth and Femininity in the Mass Media in France, 1945-1968*.

Baltimore: John Hopkins University Press, 2001.

The number of mandatory visits shifted constantly throughout the century. During WWII, Vichy politics passed several laws requiring pre- and postnatal visits. Article 1 of the loi du 2 septembre 1941, for example, states : “Pendant le mois qui précédera et le mois qui suivra l'accouchement, toute femme enceinte devra, sur sa demande, être reçue gratuitement et sans qu'elle ait besoin de justifier de son identité, dans tout établissement public hospitalier susceptible de lui donner les soins que comporte son état ” (B.O.M 1941, 153). The following year, the “loi du 13 décembre 1942” requires a medical exam before marriage and two exams throughout a pregnancy (J.O. 22 décembre 1942, BOM 1943, 17). Vichy politics also strongly supported the creation of strong, healthy families (*famille, travail, patrie*) and provided financial incentives (*allocations*) to having large families that still exist today.

⁷¹ Nisand, I. “Démédicaliser ou humaniser?” (1994) *Les dossiers de l'Obstétrique*. 213. 15.

surveillance d'un professionnel (sage-femme ou parfois généraliste)" (29). Today, most births in contemporary France occur at clinics or hospitals managed by entire teams of doctors and specialists.⁷² While Dutch women tend to have more prenatal visits (12-15 on average) than French, clinicians are checking that everything is normal, not seeking a possible pathological condition (68).⁷³ With this increased visibility and awareness of the pregnant body's interior and exterior came the introduction of intensified medical surveillance and new technologies. Martin claims, "France has one of the most medicalized systems of childbirth in the West" (180).⁷⁴ The female body is viewed by the medical establishment as an unstable, potentially dangerous environment and a fetus is always considered at risk until birth.⁷⁵

The French approach to monitoring pregnancy attempts to anticipate all potential physical and psychological complications. Medical reference works like Obstétrique pour le praticien (2008) warns that "Le praticien devra cependant maintenir son attention en

⁷² During births at hospitals in France, the teams usually consist of a midwife, a gynecologist-obstetrician, an anesthetist, and a specialist pediatrician (Martin 185).

Martin, Alison. "Birthing Culture: A Painless Subjectification." Ed. M. Allison & Y. Rocheron. The Resilient Female Body: Health and Malaise in Twentieth Century France. Oxford: Peter Lang AG, 2007. 179-195.

Today, Martin remarks "99.5% of births in France take place in relatively large hospitals or clinics" (185).

⁷³ Dr. Audra states "Si la grossesse a été correctement suivie, les éléments cliniques et paracliniques essentiels ont déjà été réunis au cours des examens prénataux et notés dans le dossier obstétrical.

L'existence d'une pathologie ou d'un facteur de risque est déjà signalée" (Thoulon 1).

⁷⁴ Martin also observes that the medical model of birth is pervasive in contemporary France in spite of the "non-orthodox approaches to childbirth" that were conceived in this country like water births and psychoprophylactic breathing techniques.

⁷⁵ The Institut national de prévention et d'éducation pour la santé (INPES) in the 2002 press release entitled "Alcool et Tabac: consommation zéro recommandée pour les femmes enceintes" advised that pregnant women completely abstain from drinking alcohol and smoking in order to protect the fetus. Fifteen pages into the report, acknowledgement of the equally negative effects of second-hand smoke on the fetus, ranging from low birth weight to genetic mutations and spontaneous miscarriage, finally appears. A similar 2005 INPES campaign "Zéro alcool / Zéro tabac" adorned with cherubs, pink background and flowery cursive clearly targeted women, and again made no mention of the potentially dangerous role of second-hand smoke. Clearly, a non-smoking father could be very important to the health of a growing fetus as well and yet no campaigns explicitly recommend that expectant fathers quit smoking. Responsibility for a healthy pregnancy is entirely reliant on the woman's behavior, not those around her.

éveil pour ne pas passer à côté d'états aux confins du pathologique ou franchement anormaux, dont l'aggravation brutale peut être fâcheuse pour la mère et l'enfant" (17). The *Haute Autorité de santé* published professional recommendations on "Comment mieux informer les femmes enceintes?" (2005), revealing prevailing medical attitudes towards the pregnancy: "La grossesse est un événement naturel qui se déroule normalement pour la majorité des femmes enceintes. Afin d'identifier d'éventuelles complications et d'améliorer le confort et le vécu de chaque femme enceinte, le suivi de la grossesse est nécessaire" (Comment 3). In fact, a pregnancy and delivery can only be declared 'normal' *a posteriori* (Jacques 6).⁷⁶ Within the fifty-page document, clinical recommendations are made, insisting on the importance of educating the patient of proper lifestyle, commitment to prenatal care, as well as how to identify the signs of possible complications, and use of technologies and diagnostic testing.⁷⁷ Women are also encouraged to attend prenatal education courses to prepare for birthing and parenthood (4). Through these classes and manuals like *J'attends un enfant*, women learn what to expect, how best to interact with the technology that will surround them, and how to be "good" patients (Jacques 6). Physicians and midwives are reminded to "fournir à toute femme enceinte des informations écrites sur la surveillance médicale de la grossesse et

⁷⁶ "Comment mieux informer les femmes enceintes?" La Haute Autorité de santé. Saint-Denis: n.p. , 2006.

⁷⁷ The National Academy of Medicine strongly supports the distribution of a "carnet de maternité" to all pregnant women: "Le carnet de maternité représente le document fondamental dans la prise en charge de la grossesse. Il joue également un rôle important dans l'information précoce sur les risques encourus par l'embryon et le fœtus. A ce titre, l'Académie nationale de médecine souhaite que le carnet de maternité soit régulièrement réactualisé afin d'optimiser ce rôle d'information et d'éducation des femmes enceintes (Dreux 9).

Dreux, Claude & Claude Sureau. *L'enfant à naître : sa santé, son avenir : agir avant, pendant et après la grossesse*. Rapports de l'Académie nationale de médecine. Paris : Lavoisier, 2007.

sur l'offre de soins locales" (6). This way, women understand why doctors perform tests and monitor them while themselves remaining vigilant to any potential abnormality.

During labor in French clinics, biomedical technology holds a privileged place over bodily perceptions in the birthing process. The French medical institution approaches delivery as the riskiest stage of pregnancy: "L'idéologie du risque très présente tout au long de la grossesse, au travers des examens et mesures réalisés, trouve son expression paroxystique au moment de l'accouchement et plus précisément de l'expulsion" (Jacques 131). Measures are taken to ensure a 'rational,' controlled delivery. Monitoring the machines themselves, whether to ensure that they are properly functioning or to measure the time between contractions, becomes the role of the woman/couple: "on leur demande de veiller à ce que le monitoring reste sur le vert ou sur l'orange; la femme doit se replacer correctement si la petite lampe rouge qui indique l'absence de signaux reçus s'allume" (Akrich 93). If the woman has an epidural, she is ordered to use a monitor to visually track her pushing efforts during delivery and obey the coaching of her midwife, doctor, and nurse (*un travail collectif*): "Les professionnels considèrent souvent que ces équipements représentent la partie technique de l'accouchement, et qu'avec l'aide de la péridurale, tout est mis en œuvre pour que les parents vivent l'événement pleinement et dans la sérénité" (94).⁷⁸ French obstetricians, like Jean-Marie Thoulon, celebrate the technologization of birth:

Quand j'ai commencé ma spécialisation en 1962, l'accoucheur n'avait que ses mains et son cerveau pour résoudre les problèmes posés. Peu à peu sont apparus en France: le pH au scalp en 1966, le monitoring électronique fœtal (MEF) en

⁷⁸ In contrast, Dutch midwives typically use a stethoscope, Doppler (fetal heart beat), and perform fewer checks during the dilation progress.

1969, l'échographie en 1970, complétée par la vélocimétrie Doppler, et l'analgésie péridurale en routine en 1972 (xii).

While some historians and doctors attribute the gradual lowering of infant mortality rates over the second half of the 20th century to this increased medical surveillance, others like Knibiehler, argue for the improving “conditions de vie,” including the introduction of antibiotics and general better understanding of antimicrobial hygiene (Accoucher 32).⁷⁹ A 2003 national study “La situation périnatale en France en 2003” reached similar conclusions.⁸⁰ Yet, in spite of this seemingly hyper-vigilant attitude, the perinatal mortality rate (7 per 1000) (stillborn or die within the first six days) in France is not significantly lower than in other European countries.⁸¹

Monitoring behavior, protecting the unborn: France and pregnancy loss

In order to effectively monitor the pregnant body, the field of obstetrics had to identify potential causes of pregnancy loss, which meant identifying potentially dangerous behaviors.⁸² Unintentional pregnancy loss had been thought to result from

⁷⁹ “La mortalité infantile, comptée de la naissance à la fin de la première année, tombe de 110 pour mille en 1945 à 50 pour mille en 1950, à 27 pour mille en 1960, et à 18,2 pour mille en 1970”(Knibiehler, Y. Accoucher 32).

⁸⁰ Vilain, Annick, C. de Peretti, J-B Herbet, & B. Blondel. “La situation périnatale en France en 2003.” (March 2005) *Etudes et Résultats*. 383:1-8.

⁸¹ In 2001, Italy, Spain, Sweden, Germany, Austria, the United Kingdom, and Denmark all had slightly lower rates. The Netherlands and Ireland had slightly higher rates (8 and 9 per thousand, respectively) (Obstétrique 14).

⁸² *Le Nouveau Petit Robert: Dictionnaire de la langue française*. Ed. Josette Rey- Debove & Alain Rey. Paris: Dictionnaires Le Robert. 1967. 2002.

AVORTEMENT n.m. – 1190 ; de *avorter*. Action d’avorter. 1. MED. Expulsion d’un fœtus avant terme, naturelle [= **fausse couche**] ou provoquée (*Le Petit Robert*, 200).

FAUSSE COUCHE n.f.—1671 ; de *faux* et *couche*. Avortement non provoqué, involontaire (*Le Petit Robert*, 1041).

MORT NÉ, MORT NÉE adj. Et n. – 1285 ; de 2. *mort* et *né*→ naître* (encadré). 1. Mort en venant au monde. (*Le Petit Robert*, 1675).

According to the INSEE, “Enfant sans vie ou mort-né:

everything from curses and strong emotions to pungent odors, obesity, and sexual intercourse.⁸³ In 1845, Menville describes how some women are naturally predisposed to miscarriage:

En règle générale, un enfant doit être déclaré à l'état civil dès lors que la gestation a duré au moins 180 jours. Depuis mars 1993, un acte "d'enfant sans vie" est dressé uniquement s'il n'est pas établi que l'enfant est né vivant et viable. Il en est ainsi :

- lorsque l'enfant, sans vie au moment de la déclaration à l'état civil, est né vivant, mais non viable. L'officier de l'état civil dresse l'acte sur production d'un certificat médical quelle que soit la durée de gestation ;
 - lorsque l'enfant est décédé avant la déclaration de naissance à la mairie, sans certificat médical précisant qu'il est né vivant et viable ;
 - lorsque l'enfant est mort-né. Depuis la circulaire du 30 novembre 2001, un bulletin d'enfant sans vie peut être établi dès 22 semaines d'aménorrhée ou si l'enfant a atteint un poids de 500 grammes (critère de viabilité de l'Organisation mondiale de la santé, l'OMS).
- L'enregistrement s'effectue dans la commune de naissance ou dans la commune où l'enfant se trouvait au moment où l'on a constaté qu'il était sans vie"

"Enfant mort-né." *INSEE.fr*. 2008. Web. 3 October 2008.

L'encyclopédie de Diderot and d'Alembert also notes: "Avortement s'emploie en Medecine, pour l'accouchement avant terme d'un fœtus humain imparfait, soit vivant ou mort.[...] Dans ce sens avortement est la même chose que ce que nous appelons communément fausse-couche, les Latins abortus, & quelquefois abactus. L'avortement peut arriver dans tous les tems de la grossesse; mais s'il arrive avant le second mois après la conception, on l'appelle proprement fausse conception ou faux germe".

⁸³ For a study of regional beliefs and legends about miscarriage, see Jacques Gélis' *L'arbre et fruit* (pp. 301-308).

Intensive medical monitoring aims to prevent the abortion or stillbirth of the fetus. Abortion, miscarriage, and stillbirth (*mort né, enfant sans vie*) represent three ways that the female body births a dead or dying fetus. Physiologically, the body experiences these situations in the same way, however, each experience is perceived differently by the individual, society, and medical community according to the woman's intention and the stage of fetal development. Biomedically speaking, stillbirth is defined as fetal death after the stage at which the fetus could survive outside of the womb. Spontaneous abortion is fetal loss before this point.

While popular, nonscientific usage distinguishes strongly between an unintentional miscarriage ("une fausse couche") and intentional miscarriage ("un avortement" or un "IVG"), medical and legal speech do not.⁸³ Technically speaking, a medical abortion (*avortement provoqué, interruption volontaire de grossesse (IVG), interruption médicale de grossesse (IMG), fausse couche volontaire, fœticide thérapeutique*) intentionally provokes a miscarriage (*fausse couche (précoce ou tardive)*). Likewise, a miscarriage is a spontaneous, sometimes involuntary abortion (*avortement involontaire ou spontané*) as Pernoud cautiously points out in the 1958 edition of *J'attends un enfant*:

L'avortement ou fausse couche est l'expulsion du fœtus avant la date où il est viable; cette date se situe aux environs du sixième mois de la grossesse [...] Dans le langage courant, on emploie en général le mot avortement pour une interruption provoquée de la grossesse, et l'expression fausse couche pour une interruption accidentelle ou spontanée. Les médecins ne font pas cette distinction: le mot employé par eux, pour parler d'une interruption de la grossesse avant le sixième mois, quelle qu'en soit l'origine, est le mot avortement (Pernoud 33).

Medical and legal language also conflates the lexicon for live and stillbirths, describing for instance the aborting or miscarrying body using terms like "going into labor" and "delivering a fetus". This language complicates how women, society, the State, and medicine perceive, understand, and assign blame. Luc

Chez quelques femmes mêmes, les causes prédisposantes agissent d'une manière si prononcée que l'avortement a lieu spontanément, sans causes occasionnelles appréciables. Ainsi pour que certaines femmes fassent une fausse couche, il suffit qu'elles soient frappées d'une odeur pénétrante, qu'elles lèvent les bras, parfois seulement qu'elles descendent du lit, tandis que chez d'autres les plus graves accidents ne parviennent point à produire le même effet (378)⁸⁴

Women with psychological conditions like “les femmes pléthoriques, irritables, nerveuses, hystériques, lymphatiques, faibles et malades” also were assumed to abort more frequently (379). Strong emotions like, “la frayeur, le chagrin, la colère, et toutes passions qui portent une brusque et profonde atteinte au mode normal de la circulation” (381) could also provoke a miscarriage. Menville also warns that factors like wearing tight corsets, falling, succumbing to illness, tumors, and organ deformations but also “les coups, les chutes, l'exercice du cheval, l'abus de la danse et celui surtout du coït” were potential risks (381). Hereditary factors were duly noted as possible causes although they were not yet well understood: “Ainsi un sperme vicié dans sa nature, comme celui d'un père dont la vie est usée par la débauche, la vieillesse, ou corrompu par l'infection syphilitique, communique au nouvel être un principe de vie qui ne tarde pas à s'éteindre ” (265). Naturally, many physicians like Cazeaux, admit that the reasons are not always detectable: “le fœtus peut être arrêté dans son développement par des circonstances qui le plus souvent nous échappent ” (264).

Boltanski observes an ontological difficulty in distinguishing between a desired fetus (that will become a person) and an undesired fetus that will be expelled. Thus, he uses the term “fœtus authentique” to designate “celui dans lequel s'incarne l'enfant à naître dans l'engendrement par projet. [...] A peine formé, il est déjà un “bébé”” (173). The “fœtus tumoral” on the other hand, has no identity or future constructed around its existence and remains an abstraction. Yet, these terms are not commonly employed. Because these terms are conflated in the English language as well, I will employ the conventional usage of the terms miscarriage and abortion when distinguishing between these different types of pregnancy loss in order to avoid confusion.

⁸⁴ Ponsan de Menville, Charles F. Histoire médicale et philosophique de la femme considérée dans toutes les époques principales de sa vie. Vol. 1-3. Paris: Amylot, 1845.

Intensified medical surveillance instated by the medical institution to predict and prevent pregnancy loss by monitoring the fetus, its development, and the mother's behavior (diet, activities, etc) offered a potential solution. A better understanding of hormonal changes during pregnancy led to the development of the pregnancy test in the 1920s, allowing women to confirm pregnancy and modify behaviors earlier.⁸⁵ By the late 1930s, an increased awareness of the importance of endocrinological changes during pregnancy led to the administration of estrogen shots (le *Distilbène*) in the 1940s, in an effort to prevent miscarriage in high-risk pregnancies.⁸⁶ Still, medicine was just beginning to better understand the multiplicity of causes of spontaneous miscarriage.⁸⁷

Still, in Pernoud's 1958 edition of her pregnancy guide *J'attends un enfant*, any loss of the fetus is directly linked to the woman's actions and health:

⁸⁵ In the April 1936 *Revue Pratique d'Obstétrique et de Puériculture* boasts its ability to diagnose with certainty a pregnancy: "Aidé par une réaction de Laboratoire aussi sûre que le diagnostic biologique de la grossesse, le Médecin est celui qui révèle, le premier, avec une impressionnante rapidité, l'événement social primordial, la réalité matérielle de la conception reflétée par le test biologique" (8). The technique consisted of injecting pregnant women's urine in animals and observing the results. Lignac, C. & Quignon. "Le diagnostic biologique de la grossesse (Prolan-Diagnostic)." *Revue Pratique d'Obstétrique et de Puériculture* 1 (April 1936): 8-10.

In the 1958 edition of *J'attends un enfant*, Pernoud also describes how a pregnancy can be diagnosed early in a laboratory by injecting a woman's urine into certain animals. She warns that tests on frogs are less reliable (13).

See Oudshoorn for addition information on sex hormones.

Oudshoorn, Nelly. *Beyond the Natural Body: An Archeology of Sex Hormones*. London: Routledge, 1994.

⁸⁶ These shots are mentioned in José-André Lacour's *Confession Interdite* (147) and Ernaux's *L'événement* (21), when doctors falsely claim to help women abort, and instead administer treatment intended to prevent miscarriage.

Unfortunately, this treatment tragically backfired and scandal arose in the 1970s when studies showed that these treatments had severe adverse long-term effects on developing fetuses ranging from sterility to ectopic pregnancy, miscarriage, and premature births among women whose mothers had received the treatment.

Garel, Micheline & Hélène Legrand. *L'attente et la perte du bébé à naître*. Paris: Albin Michel, 2005. 39.

"Le Distilbène a été donné à environ deux cent mille femmes en France jusqu'en 1977, date à laquelle on a commencé à recenser des cancers du vagin chez des jeunes filles dont la mère avait absorbé ce médicament pendant la grossesse [...] Ce sont surtout des anomalies anatomiques utérines. La cavité utérine est petite, en forme de T ou de Y, avec des zones caractéristiques de rétrécissements. Ces anomalies augmentent le risque de fausse couche" (Garel 39).

⁸⁷ In 1952, scientists began hypothesizing the existence of "gènes léthaux" which would program an egg to destroy itself (Paucot 293).

Mais s'il dépend de vous que votre enfant naisse faible ou vigoureux, encore faut-il qu'il naisse à terme. Là, encore, vous tenez en grande partie son sort entre vos mains: une imprudence, une négligence de votre part peuvent être la cause d'un avortement ou d'une naissance prématurée. Avant d'entreprendre le voyage dont vous avez tant envie, de partir pour les sports d'hiver, demandez-vous, demandez à votre médecin s'il n'y a aucun danger (21).

In fact, discussion of miscarriage is prominently placed in the second chapter “Santé-Beauté,” a section dedicated to explaining that a woman should remain permanently vigilant against pregnancy loss and take care of her body and “enfant”. Miscarriages are attributed to “une chute très brutale,” “un accident de voiture,” “une maladie de la mère,” “intoxication,” “malformation de l’utérus,” “un kyste des ovaires,” and “troubles endocriniens” (34). While syphilis and tuberculosis were “les grandes avorteuses” of the past, hormonal imbalances are believed to be the primary cause of miscarriages (35). To summarize, the guide concludes that the causes are thus maternal or inherent in the egg itself : “Ce sont, soit des causes maternelles, soit un défaut de l’œuf, soit enfin une incompatibilité entre le sang de la mère et celui de l’enfant” (35).

Modern medicine has been increasingly successful at identifying possible causes of miscarriage, many directly related to the female reproductive body itself and contemporary concerns ranging from hormonal imbalances, obesity, gestational diabetes, hypertension, tumors, and uterine malformations to medications, physical trauma, alcoholism, infections, parasites, vaccinations, sexually transmitted diseases, emotional trauma, and malnutrition—just to name a few (Garel 31-54). When the cause is unknown, however, chromosomal abnormalities in the fetus itself are blamed. In France, in the case of late spontaneous miscarriage (after 3 months), autopsies can identify the ‘cause’ approximately 70% of the time (Garel 33). By pinpointing the causes, the medical

community and women themselves attempt to proactively prevent pregnancy loss through close monitoring and behavioral modification. French women now have seven mandatory prenatal visits, blood tests, hormonal tests, at least three ultrasounds, and various measurements are performed in order to thwart spontaneous miscarriage and ensure a “normal” delivery.

In addition to the intense medical monitoring widely initiated in the 20th century, the French government funds numerous public health campaigns encouraging behavioral modification in women ranging from limitation of alcohol and caffeine consumption, cessation of smoking, limiting weight gain and encouraging regular moderate exercise, to avoiding unpasteurized cheeses, and increasing consumption of folates and vitamins.⁸⁸ To this day, medicine works to identify and limit possible risky behaviors that might threaten the fetus.

Protecting the fetus from the aborting mother

Medicine and the French State also had to address one of the greatest dangers to the unborn fetus and perhaps leading cause of miscarriage: the abortion-seeking mother. The perennial ethical, legal, philosophical, social and medical debate over abortion stretches back deep into the history of France, however, rarely considered the female perspective. Typically, the 1556 Edict of Henry II is cited as the earliest anti-abortion

⁸⁸ “Dans les faits, un peu moins d’un tiers des femmes enceintes continuent de fumer durant leur grossesse, et un peu moins d’un quart fument de manière quotidienne. ”

“Grossesse et tabac. ” *Inpes.sante.fr*. Institut Nationale de Prévention et d’Education pour la Santé. n.d. Web. April 2007.

“Folates et femmes en désir de grossesse : Notre corps a faim de santé.” *inpes.sante.fr*. Institut Nationale de Prévention et d’Education pour la Santé. November 2004. Web. 18 November 2004.

legislation, officially banning infanticide and requiring women to declare pregnancies.⁸⁹ Article 317 of the penal code of 1810 (also le *code Napoléon de 1810*) forbade abortion with a limited effect (See Appendix II). Most historians agree that the introduction of new legislation and rabid debates over amendments to these laws only resulted in the creation of clandestine sites operated by sympathetic and/or financially motivated doctors and midwives (“*les faiseuses d’ange*”) who operated beyond the social and medical eye. By 1852, following numerous public debates surrounding the issue of abortion, it was agreed that abortion should be categorized “un crime contre l’ordre des familles et la moralité publique,” although this had little impact (Le Naour 33).⁹⁰

⁸⁹ Guenois, P. “Titre XI Des femmes qui ont celé leur grossesse et enfantement. Femmes celans leur grossesse, et faisant mourir leurs enfans nais par moyens deshonestes.” “La conférence des ordonnances royaux.” Paris: n.p. 1610.

“[...] telle femme tenuë & reputée auoir homicidé son enfant, & pour reparation punie de mort & dernier supplice”

According to historians, this legislation had a limited impact but was frequently republished across the eighteenth century (1708, 1712 and again in 1784).

Gélis, Jacques. *La sage-femme ou le médecin*. Paris : Fayard, 1988. 481.

⁹⁰For a more complete history and bibliography on the history of abortion in the 19th-20th century, see Jean-Yves Le Naour and Catherine Valenti’s *Histoire de l’avortement* (2003).

In the eighteenth century, additional ordinances made abortion punishable by death. More recently, article 317 of the penal code of 1810 banned abortion and sparked debates throughout the nineteenth century. This article punished women who had abortions to reclusion and the doctors that assisted them to forced labor:

Quiconque, par aliments, breuvages, médicaments ou par tout autre moyen, aura procuré l’avortement d’une femme enceinte, soit qu’elle y avait consenti ou non, sera puni de la réclusion. La même peine sera prononcée contre la femme qui se sera procuré l’avortement à elle-même ou aura consenti à faire usage des moyens à elle indiqués ou administrés à cet effet, si l’avortement s’en est suivi. Les médecins, chirurgiens, autres officiers de santé, ainsi que les pharmaciens qui auraient indiqué ou administré ces moyens seront condamnés à la peine de travaux forcés à temps, dans les cas où l’avortement aurait eu lieu (Aron 122)

France was one of the latest European countries to take a firm position of the mother vs. child debate. The 1850 case of Julie Gros renewed these discussions when Gros sought an abortion because of a “bassin rétréci” that would have led to an almost certain death during delivery. Since the caesarian section was not yet a safe option, the choice was between sacrificing the mother or fetus. Church officials traditionally favored saving the child in order to avoid a “double meurtre—physique et spiritual.” By delivering the child, it could be baptized. Ultimately, Gros’ abortion was deemed her own right to life. A distinction was made between this “avortement thérapeutique” and the “avortement criminel.” In the 1890s, the Neo-malthusians argued for a right to abortion, stipulating that women should not be forced to have a child

The twentieth-century witnessed numerous dramatic shifts in legislation first condemning and finally legalizing the procedure. Highly publicized trials like the 1891 “affaire Thomas,” were followed by the national press and spurred rabid debates between the Pronatalists and Neo-malthusians, who both sought to revisit existing law of 1810.⁹¹ Amidst the *fin-de-siècle* Pronatalist efforts to strengthen the French population stood the issue of abortion, which many Neo-malthusians (including some women) fought to legalize. Reflection on the limits of the female reproductive body surfaced in the form of rampant propaganda varying from pamphlets and journals to plays and novels supporting both sides of the controversy. Emile Zola’s novel *Fécondité* (1899) famously stages this debate and strongly argues the Pronatalist position. Although the novel is recounted by an omniscient (male) narrator, female protagonists experience pregnancy, miscarriage, sterility, and abortion. Yet, in spite of the legislation, relatively few women and doctors were prosecuted for abortion in France during the early part of the century. Scholars like Jean-Yves Le Naour and Catherine Valenti hypothesize that this lax attitude resulted from many factors ranging from a difficulty proving that the woman did not have a spontaneous, involuntary miscarriage, a general sympathy for the woman and disapproval

when it could ruin their lives, bodies, reputation or lead them to resort to prostitution—all the while contributing to overpopulation (Le Naour 7-77).

Le Naour asserts that this was the first time in France that the debate centered around a woman’s right to control her own body (“disposer de leur corps” (37)). Neo-malthusians continued their fight throughout the first half of the twentieth century led by influential figures like Nelly Roussel (1878-1922). Throughout the 1920s, neo-malthusians urged women to hold reproductive strikes or “grèves du ventre.” The state had long protected the fetus against the “criminal” act of abortion by the mother.

For more on Nelly Roussel, see Elinor Accampo’s *Blessed motherhood, bitter fruit: Nelly Roussel and the politics of female pain in Third Republic France* (Baltimore, 2006).

⁹¹ The 1891 “Affaire Thomas” began when a young woman arrived at a hospital after having an abortion. When questioned by the police, she revealed that a woman, Constance Thomas, had performed the procedure. Thomas admitted to performing abortions on dozens of women over the past twenty years. The case resulted in the acquittal of the women who had abortions, while the abortionists were condemned to twelve years of forced labor and ten years of reclusion (Le Naour 136). Neo-malthusians protested the severity of this punishment, while the Natalists condemned the decision for being too lax.

of the severity of punishment following abortion, to the acknowledged widespread occurrence of abortion among all classes and the fear of scandal (Le Naour 133).

Numerous modifications to the 1810 law were proposed and in 1910 amendments advanced by a professor Lannelongue were first seriously considered (Le Naour 148). The “Proposition Lannelongue” called for an exception to patient privacy in the case of abortion, allowing physicians to report suspicions of intentionally provoked miscarriages. It also suggested intensified surveillance of maternity wards (*les maisons d’accouchements*), a ban on neo-malthusian propaganda, and stronger criminal charges against abortionists in an attempt to combat the depopulation of France. While some of these measures were seriously reviewed, the First World War temporarily prevented further discussion of such proposals. Polemics continued into 1915 when the question became complicated with the question of the fate of French rape victims pregnant by German soldiers (Le Naour 101).⁹²

Finally, in the wake of World War I, new legislation was passed in the form of the law of 1920, which reinforced the 1810 anti-abortion legislation of Article 317 and forbade all propaganda that supported contraception and abortion in response to fears of depopulation (*la dénatalité*) in France, essentially legally imposing silence on the topic (See Appendix III).⁹³ Attitudes about the roles of the female body were explicitly

⁹² See also Audoin-Rouzeau, Stéphane. *L’enfant de l’ennemi (1914-1918): Viol, avortement, infanticide pendant la Grande Guerre*. Paris: Aubier, 1995. 99-135.

⁹³ In spite of this law, use of contraception continued in the period between the two World Wars: “Les “on se débrouillait, “on faisait attention” des témoignages recouvrent l’emploi du coït interrompu, de l’injection vaginale, plus rarement du préservatif masculin ou de la méthode Ogino dont l’efficacité ne tarde pas à être contesté” (Thébaud 26). Only estimations of the number of abortions in this period in France can be made, numbers vary between 150,000- 1,000,000 abortions/year. An estimated 20,000-60,000 women died following these procedures (Thibald 26).

articulated by extremist members of the Académie de médecine: “Quel est le devoir de la femme? [...] Enfanter, encore enfanter, toujours enfanter. [...] Volontairement stérile, elle retombe au rang de la prostituée.”⁹⁴ Abortion was punishable by up to ten years imprisonment and a fine and any sort of “provocation au crime d’avortement,” thus, even speaking publicly or providing information on it, also became an offense (Gauthier 283). Amongst protest of the ineffectiveness of this amendment, legislators introduced the law of 1923, which called for more severe punishment for abortionists. Still, these laws did not impact the use of abortive methods and contraception in France. French families appeared to be voluntarily limiting the size of their families to one or two children, instead of three or four, presumably with the help of abortionists and contraceptive techniques like the Ogino–Knaus method (Le Naour 91, 175).

In 1939, the “code de la famille” presented the most severe legislation on abortion in the country’s history. Any woman seeking an abortion (whether she was pregnant, or just thought she was pregnant) could be prosecuted and sentenced to between six months and two years of prison and a fine of 100 to 2,000 F (Le Naour 186).⁹⁵ Police brigades were dedicated to tracking suspected abortionists, who, if found to have provided services

Xavière Gauthier summarizes the approximate numbers (and wide ranges) in France as follows: “Pour les années 1950, entre 400 000 et 1 200 000 avortements par an, selon Jacques Derogy; dans les années 1970, 600 000 selon le professeur Milliez; d’après le député Claude Peyret, entre 600 000 et 800 000 avortées, dont au moins 600 en meurent; un million disent les 343 femmes qui signent le manifeste du Nouvel Observateur en 1971; le professeur Raoul Palmer cite le chiffre de 360 000 à un million et 3 600 morts. Selon cette dernière source, dix femmes mourraient chaque jour en France pour avoir voulu se délivrer d’une maternité non désirée” (Gauthier 16).

Gauthier, Xavière. *Paroles d’avortées: Quand l’avortement était clandestin*. Paris: Editions de la Martinière, 2004.

⁹⁴ Doléris, Jacques Amedee, & Jean Bouscatel. *Hygiène et morale sociales. Neo-Malthusianisme, maternité et féminisme, éducation sexuelle*. Paris: Masson et Cie, 1918.

⁹⁵ In 1939, the French franc was worth approximately 0.3 euros. This fine would be between 30 and 600 euros in 2010.

on a wide scale, could be sentenced up to ten years in prison and fined up to 20,000 F.⁹⁶ Still, this legislation failed to successfully eradicate abortion. By 1942, abortion became “un crime contre l’Etat” and, in the case of the abortionist Marie-Louise Giraud, was punishable by guillotine in 1943 (Le Naour 198).⁹⁷

Punishments for the abortionists and “les avortées” increased following the Second World War when the nation was trying to rebuild its population. Because abortionists became harder to find, women began self aborting (“l’auto-avortement”) more frequently, and then seeking treatment at a hospital (203). Le Naour claims that doctors were taught to operate without anesthesia in order to dissuade women from aborting on their own: “Elle est alors “opérée par un médecin plus ou moins bienveillant, qui souhaite l’inciter à ne plus recommencer en effectuant un douloureux curetage à vif. Cette pratique est d’ailleurs enseignée à l’époque au sein même des facultés de médecine ” (Le Naour 203).

Finally in the 1950s, the debate over contraceptive use entered national discussion, leading to the formation of groups like “La Maternité Heureuse” (which would later become the Mouvement français pour le Planning familial (MFPF)) providing the bodies in question with a voice and prompting additional open discussion on abortion. Throughout this controversy, the woman’s perspective which had been all too often silenced during these debates, emerged. Simone de Beauvoir famously inscribed a call for change in her work, Le deuxième sexe, and later founded the “Choisir” (pro-choice) movement in 1972. In 1970, the Mouvement de libération des

⁹⁶ A fine of up to 6,000 euros in 2010.

⁹⁷ Szpiner, Francis. Une affaire de femmes : Paris 1943 exécution d’une avorteuse. Paris : Ballard, 1988.

femmes (MLF) drew attention to the debate, founding the MLA (Mouvement de libération de l'avortement). The following decade witnessed a revival of the abortion debate, this time focusing more on the women and bodies involved. "Le manifeste des 343" (pejoratively referred to as "les 343 salopes") (in)famously appeared in the *Nouvel Observateur* April 5th 1971, a self proclaimed "acte de révolte," this proclamation called for the legalization of abortion ("Notre ventre nous appartient" (6)) and free access to contraceptives in solidarity with the one million women each year that clandestinely endure the procedure.⁹⁸ Signed by the likes of Simone de Beauvoir, Françoise Sagan, Marguerite Duras, and Jeanne Moreau, these women admitted undergoing the procedure themselves and argued that this operation "pratiquée sous contrôle médical, est des plus simples" (5). By 1973, *Le Monde* published a manifesto, "Nous faisons des avortements" signed by 300 physicians. These polemics culminated in the January 17th 1975 *loi Veil*, which suspended the law of 1920 for five years until the law was permanently approved December 31st, 1979.

Today in France, a woman can legally seek an abortion until her twelfth (no longer tenth) week of pregnancy according to a 2001 law (*loi* No. 2001-588 du 4 juillet 2001) (See Appendix IV).⁹⁹ A doctor may refuse to perform this procedure, but is obligated to provide the woman with names of consenting physicians. Since the 1982 *loi Roudy*, 80% of the cost of an abortion is reimbursable by Social Security. These debates have continued into the twenty-first century as abortion is more noticeable and open,

⁹⁸ "Un appel de 343 femmes." *Nouvel Observateur*. 5 April 1979. 5.

⁹⁹ "Loi N. 2001-588 du 4 juillet 2001, relative à l'interruption volontaire de grossesse et à la contraception. Article 2." *J.O.* 156. 7 juillet 2001. 10823.

"Dans la deuxième phrase de l'article L. 2212-2 du même code, les mots: "avant la fin de la dixième semaine de grossesse" sont remplacés par les mots: "avant la fin de la douzième semaine de grossesse."

although not remarkably more frequent.¹⁰⁰ The first clinical trials in France of RU-486 (Laboratory Roussel-Uclaf's *miféprestone*, commercially *Mifégyne*) to pharmacologically induce abortion began in 1983 also spurred debates on age and distribution limits (especially pertaining to young girls).¹⁰¹ By 1989, France became the first country in the Western world to legalize RU-486—essentially enabling women to abort by themselves in their homes (limiting the doctor's role to prescription and a follow-up checkup).¹⁰² In 1999, the “pilule du lendemain,” or “la contraception d’urgence” was sold in pharmacies, but not reimbursed by Social Security.¹⁰³ Since 2002, women do not have to justify their choice nor see a psychiatrist like in other countries, like Spain and some areas of the United States (Gauthier 288). The clandestine nature of abortion is far from eliminated however, as late-term abortions remain illegal in France unless justified by medical or psychological reasons.

Controlling fertility and managing the underproductive female body

“Le poids de la fécondité forcée est l'un des facteurs
fondamentaux de l'inégalité entre les sexes”
Pierre Bourdieu, devant la commission parlementaire spéciale
sur la légalisation de la pilule

¹⁰⁰ Some statistics seem to suggest that the actual number of abortions has not decreased as predicted with the introduction of better contraceptives. It is believed however that the number has decreased, however is misleading because the pre-1973 statistics did not accurately reflect the high numbers of abortions.

¹⁰¹ Mifeprestone (RU-486) or “la pilule du lendemain” is the contraceptive pill first developed by E.E Baulieu at the French company, Roussel-Uclaf in 1980. It is one of the three methods of abortion legal in France today.

Aron, Claude. *La sexualité II: Contraception et stérilité*. Paris: Odile Jacob, 2003. 105-110.

¹⁰² Faucher, P & D. Hassoun. *Interruption volontaire de grossesse médicamenteuse*. Belgique: Editions ESTEM, 2005.

China legalized RU-486 in 1987.

¹⁰³ Les décrets d’application was published May 3rd, 2002.

Another key element of the population debate involved the right to control a woman's fertility both with contraception and in a fight against sterility. In Western cultures, pronounced social stigma against barren bodies can be traced back centuries in history. Although sterility's source is the male body in half of the cases, historically, medicine has focused largely on a 'defective' female reproductive body (Gynécologie 340). Failure to produce offspring, a transgression of the judeo-christian divine law "be fruitful and multiply" ("croissez et multipliez-vous"; Genesis 1:28), could be evidence that one is a witch, grounds for divorce, or even death.¹⁰⁴ In many cases, the causes of sterility were unknown and thus linked to curses and other intangible misfortunes. Until recently, sterility has been nearly impossible to overcome. Bodies that no longer functioned "correctly" and were perceived as "useless" when barren, were marginalized. French women were deemed responsible for repopulating France with strong Frenchmen, especially after wartimes. Once women were no longer able to fulfill their biological and social duties due to sterility or menopause, they were considered useless to the nation. Following WWI, pronatalist fears proclaimed reproduction as a women's primary patriotic role once again:

L'idéologie dominante pendant l'entre-deux-guerres exige de la femme d'être une mère avant tout. Enfanter est un devoir ("l'impôt du sang"), une nature ("l'instinct maternel"), une source de santé ; "il vaut mieux pour elle, dans un intérêt national bien compris, fabriquer des enfants que des fibromes" explique Adolphe Pinard (Thibaud 23)

Repopulating France and combating its ever-aging population represented a woman's duty to herself, husband, family and country.

¹⁰⁴ Flis-Treves, Muriel. Elles veulent un enfant. Paris: Albin-Michel, 1998.

‘Combating’ sterility, however, is no easy feat for science due to its complexity and wide variety of causes. Medicine needed to achieve a basic understanding of the female hormones involved and how, when and why they fluctuated.¹⁰⁵ In the 1920s, the pituitary gland and production of hormones became part of the understanding of human reproduction, although the endocrinological mechanisms and specific hormones were unknown. Sicard and Forestier’s hystero-graphy was widely used to identify the physiological causes of sterility such as testing the permeability of the Fallopian tubes that could be corrected surgically in some cases. As the medical field discovered new ways to “see” into the female body, it more easily identified the malformations.

Medicine divides sterility into two groups: primary (no previous pregnancies) and secondary (previous pregnancies).¹⁰⁶ Today, gynecologists link sterility to either mechanical (organ (vulva, uterus, vagina) malformation, tubal lesions, surgical complications), endocrine (hormonal deficiency, menopause), immunological, or even psychological causes (Gynécologie 341). A considerable amount of research centered on finding ways to “conquer” this state, however, as Marianne Buhler and Dr. Emile Papiernik warn: “Mais la fertilité n’est maîtrisée sur le plan médical que pour éviter les grossesses et non pour les provoquer” (9).¹⁰⁷ In 10% of cases, the causes of sterility remain unknown.¹⁰⁸ Still, procedures that help overcome sterility are reimbursable by the French government.

¹⁰⁵ Aron, Claude. *La sexualité II: Contraception et stérilité*. Paris: Odile Jacob, 2003. 9-14.

¹⁰⁶ *Gynécologie pour le praticien*. Eds. J. Lansac, P. Lecomte, & H. Marret. 7th Edition. Paris: Elsevier Masson, 2007. 341.

¹⁰⁷ Buhler, M. & E. Papiernik. *La stérilité*. Paris: Hermann, 1990.

¹⁰⁸ Fernandez, H. *La stérilité*. Paris: Presses universitaires de France, 1992.

Elle [l'infertilité] est totalement prise en charge par l'assurance maladie, dans le cadre du diagnostic et du traitement de l'infertilité conjugale. Pour les FIV les GIFT (Gamete Intra Fallopian transfer), ces dispositions ne sont valables que pour quatre tentatives (avec demande préalable à la caisse). Statistiquement, 80% des grossesses sont obtenues en quatre tentatives, et 20% à 25% d'entre elles ne vont pas à terme (156).¹⁰⁹

Anti-natal technology

In the twentieth and twenty-first centuries, just as medicine has attempted to “cure” female sterility, it has simultaneously sought ways to temporarily chemically and hormonally induce it. The result was the creation of various forms of female contraception, including “the pill” (“*la pilule*”).¹¹⁰ The twentieth century was still witnessing thousands of clandestine abortions and abandoned babies, expressing a clear need for an effective method of female birth control. Consequently, contraception was achieved through the use of condoms, diaphragms, *coïtus interruptus*, extended periods of nursing, vaginal sponges, and the Ogino-Knaus calendar.¹¹¹ Within a country chronically preoccupied with its potential depopulation, justifying such technology was difficult and opponents argued that it would lead to the downfall of France as well as an increase in immoral behavior (see Chapter 3).

In 1962, the pharmaceutical company Searle began marketing the pill, Enovid, in the United States, which functioned by hormonally preventing ovulation (Aron 72). Over the next decade, the recommended dosage decreased considerably after the negative side

¹⁰⁹ Cohen, J., P. Madelenat, & R. Levy-Toledano. Gynécologie et santé des femmes : Quel Avenir en France : Etat des lieux et perspectives en 2020. Paris, eska, 2000.

¹¹⁰ For more on the history of contraception in France, see also Etienne-Emile Baulieu, Françoise Héritier, Henri Leridon's Contraception : contrainte ou liberté (1999), Jean-Pierre Bardet and Jacques Dupâquier's article, 'Contraception: Les Français les premiers, mais pourquoi?' (1983), Angus McLaren's A History of Contraception from Antiquity to the Present Day (1990).

¹¹¹ Contraception, contrainte ou liberté ? : actes du colloque organisé au Collège de France, 9 et 10 octobre 1998. Ed. Étienne-Émile Baulieu, Françoise Héritier, Henri Leridon. Paris : O. Jacob, 1999.

effects to these high doses of hormone became evident.¹¹² Yet, in France, the pill remained illegal and according to a 1995 study by Toulemon and Léridon, only 5% of women used it in 1960 (Aron 77). In the 1960s, introduction of different brands of the pill was blamed for a decrease in birth rate, even though it was still rarely taken. By the end of the decade, Planned Parenthood (“*Le Planning Familial*”) gained support in France and began asserting pressure on the government to change the legislation. Finally, in 1967, the *loi Neuwirth* was passed, overturning the 1920 legislation banning contraception. Following this decision, the use of the pill and intra-uterine device (*le “stérilet”*) also increased in popularity after its legalization in 1972. Interestingly, in France, an estimated two out of three women essentially render themselves temporarily sterile with the use of a contraceptive, making sterility the norm (Gynécologie 389).

Even though medicine essentially controls fertility with contraception and assisted reproduction, social stigma naturally surrounds the issue of sterility. Many countries around the world use surgical sterilization (tubal ligation) as an effective and permanent method of contraception (in some cases the procedure is reversible). Yet, France has long hesitated to accept and adopt this method, only in 2001, passing legislation to authorize surgical sterilization for female contraception. To this day, French doctors are reluctant to perform this procedure and only an estimated 12% of French women have elected this option (Gynécologie 428).

¹¹² Nevertheless, by 1970, an estimated nine million American women used the pill.

*Managing menopause, a uniquely human event*¹¹³

Développé de façon tout aussi récurrente, pendant la même période, et dans les mêmes milieux, le thème du vieillissement de la population contribue de son côté à rejeter sur les femmes, et notamment les femmes âgées, la responsabilité du “déclin” français.¹¹⁴

Ball fait remarquer que la ménopause explique le mauvais caractère des belles-mères (Gerdessus 32)

Over the last century, medicine also worked to better understand the limits of the female reproductive body, especially when it ceases to reproduce. As the female reproductive body ages, it undergoes a uniquely human event, the cessation of menses, or menopause. Since antiquity, physicians have observed the physiological symptoms that accompany the cessation of menses at midlife, ranging from the atrophy of the breasts and deepening of the voice to obesity and baldness. The physical changes associated with menopause have long been characterized as a gradual “sexual degeneration” and “drying up” of organs due to aging.¹¹⁵ Yet, for centuries, Western medical science did not

¹¹³ Until recently, the majority of researchers believed that menopause was in fact a uniquely human event, as it does not appear to occur in other mammalian species. Researchers like Margaret Walker and James G. Herndon have argued in an article “Menopause in Nonhuman Primates?”, that menopause is in fact evident in a number of primate species.

Walker, M & JG Herndon. “Menopause in Nonhuman Primates?” *Biology of Reproduction*. 79.3. 2008. 398-406.

¹¹⁴ Feller, Elise. “Les femmes et le vieillissement dans la France du premier XXe siècle.” *Clio* 7 (1998). 11 Jan 2008.

¹¹⁵ Day, Barbara Anne. “Representing Aging and Death in French Culture.” *French Historical Studies*, 17.3 (Spring 1992): 688-724.

Gardanne, Charles P. L. de. *Dissertation sur les avis à donner aux femmes qui entrent dans l'âge critique*. Paris, 1812.

His thesis was republished in 1816, in book form.

Gardanne, Charles P.L. de. *Avis aux femmes qui entrent dans l'âge critique*. Paris : Gabon, 1816. xi.

Gardanne, Charles P.L. de. *De la Ménopause ou de l'âge critique des femmes*. Paris : Mequignon-Marvis, 1821.

intensely investigate its causes. According to national bibliographer Annick Tillier, the earliest French work dedicated entirely to the topic appeared in 1787 with Jean-Baptiste Jeannet de Longrois' Conseils aux femmes de quarante ans.¹¹⁶ Longrois' work does seek to address this 'époque terrible' and attempts to identify the causes. Still, a large portion of the book is dedicated to explaining the menstrual cycle and its associated disorders (including late puberty and miscarriage) before a woman reaches "l'âge critique."

Si j'ai mis à la tête de cet ouvrage un titre qui n'embrasse pas tout mon sujet, on sentira que c'est par égard pour la délicatesse d'un sexe qui a le droit d'être respecté jusque dans les dénominations publiques de ses maux secrets. Les femmes trouveront ici un Traité des maladies que peuvent leur causer les dérangemens du flux menstruel depuis la puberté jusqu'à ce terme de la vie humaine, qu'a désigné un Auteur moderne sous le nom de *verte vieillesse*. Je me suis attaché sur-tout à prévoir & à discuter les accidens qu'elles éprouvent dans le tems de la cessation absolue de leurs règles ; époque terrible, où le danger pour elle est imminent, où la Nature opprimée a besoin plus que jamais d'appeler l'Art à son secours (1-2)

In his introduction, Longrois clearly intends for women to read his work, presumably to prepare them for the difficult times ahead.

Medical historians like Michael Stolberg, challenge the common assumption that the causes of menopause were not studied in more depth until the 19th century because women simply did not live long enough to experience it.¹¹⁷ Instead, Stolberg attributes an intensified medical interest in France to "the professionalization of gynecology and obstetrics and the growing role of academic physicians in the medical care of (upper-class) women" (413). Indeed, in the early 19th century, a precise medical term for this transition was introduced in 1812, when French physician C.P.L. de Gardanne coined the

¹¹⁶ Tillier, Annick. "Un âge critique. La ménopause sous le regard des médecins des XVIIIe et XIXe siècles." *Clio*. 21 (2005). Web. 11 Jan 2008.

De Longrois, Jean-Baptiste Jeannet. Conseils aux femmes de quarante ans. Paris, Méquignon 1787.

¹¹⁷ Stolberg, M. "A woman's hell? : Medical perceptions of menopause in pre-industrial Europe." Bulletin of the History of Medicine. 73.3 (1999): 404-428.

medical term “la ménopause” in his thesis, “Sur les avis à donner aux femmes qui entrent dans l’âge critique” (1812), and in 1821, modified the term to “la ménopause.”¹¹⁸ His work carefully set out to detail the symptoms, possible causes, and potential treatments for this period in a woman’s life.

Over the course of the nineteenth and twentieth centuries in France, two approaches to dealing with climacteric changes in gynecology arose: one approach perceived menopause as a natural part of the life cycle, while the other angle medicalized it, intensely studying it, enumerating its symptoms, and attempting to treat its physiological causes. Many doctors viewed this transition as a period of dramatic physical change as remarked by Gardanne:

A cette époque, les traits du visage s’affaissent, les mouvemens vitaux tombent dans la langueur, le tissu aréolaire, qui jadis masquait la saillie des muscles, diminue, revient sur lui-même et détruit ces contours moelleux, ces formes gracieuses qui sont l’apanage de la beauté. La peau perd son coloris, sa douceur, sa souplesse, elle se ride, et acquiert une teinte sombre. Les cheveux, quoique se conservant plus longtemps que ceux de l’homme, paraissent perdre leur épaisseur et leur couleur primitive [...] le corps entier tombe dans le dépérissement (18).

Psychologically, Gardanne contends, it represents a difficult psychological period for women: “elle devient morose, inquiète, taciturne [...] Elle a perdu ses charmes, plus d’espoir de les recouvrer” (18). It marks an inevitable, natural end of reproductive life and an experience out-of-womanhood, as Menville de Ponsan describes in his Histoire médicale et philosophie de la femme (1845): “La ménopause est une mort qui précède la mort générale, les organes s’éteignent insensiblement et deviennent des membres

¹¹⁸ Gardanne, Charles P. L. de. Dissertation sur les avis à donner aux femmes qui entrent dans l’âge critique. Paris, 1812.

His thesis was republished in 1816, in book form.

Gardanne, Charles P.L. de. Avis aux femmes qui entrent dans l’âge critique. Paris : Gabon, 1816. xi.

Gardanne, Charles P.L. de. De la Ménopause ou de l’âge critique des femmes. Paris : Mequignon-Marvis, 1821.

inutiles.”¹¹⁹ Gardanne strongly recommends a clean environment, watching the sun rise, exercise (“le genre de vie des femmes à la campagne” (31)), warm baths, and avoiding strong smells and cosmetics: “Rien de plus malsain pour la femme que ces applications de pommades colorées” (25). As medical interest heightened over the course of the nineteenth century and brought menopause to the forefront, a plethora of treatments from bloodletting to abstinence were introduced. By the 1890s, early precursors to hormone replacement therapy (HRT) appeared, using techniques developed by Charles-Édouard Brown-Séquard to extract revitalizing ‘substances’ (hormones) first from testicles, and then ovaries. These elixirs could “alleviate the symptoms of what [women’s] doctors diagnosed as hysteria, chlorosis, menstrual disorders, and menopause” (17).¹²⁰

By the early twentieth century, Brown-Séquard’s early hormone therapy was developed and applied in France to ease the symptoms of menopause. Dr. Gerdessus published a thesis, “La Ménopause et son rôle en Psychiatrie” (1910) describing menopause in both women and men—expanding this notion of “l’âge critique.”¹²¹ While his description of physiological changes are similar to his predecessors, he details the psychological effects directly or indirectly resulting from an “insuffisance ovarienne” ranging from irritability, mysticism, eroticism, jealousy, hypochondria, neurasthenia, suicidal tendencies, and melancholia (31-50). In order to alleviate the symptoms, he recommends good hygiene, proper nourishment (no alcohol, spicy foods, truffles, and

¹¹⁹ Ponsan de Menville, Charles F. Histoire médicale et philosophique de la femme considérée dans toutes les époques principales de sa vie. Vol. 1-3. Paris: Amylot, 1845.

¹²⁰ Watkins, ES. The Estrogen Elixir: A History of Hormone Replacement. Baltimore: John Hopkins University Press, 2007. 6-17.

¹²¹ Gerdessus. “La ménopause et son rôle en Psychiatrie.” Toulouse: Ch. Dirion, 1910.

“La ménopause, qu’on a joliment appelée: l’âge crépusculaire, est l’époque où l’homme, et la femme surtout, perdent leur valeur sexuelle caractérisée par l’aptitude à la reproduction” (9).

fatty fish) and hydrotherapy, but also rudimentary hormone replacement therapy or “opothérapie ovarienne” (80): “On administre a) l’ovaire en nature cru, frais, et haché en très petits morceaux. Deux ovaires de brebis par jour; b) le liquide ovarique en extrait glycéринé [...] c) l’ovarine ou oophorine, poudre d’ovaires desséchés soit de vache, soit de brebis, soit de jument, en pleine activité sexuelle” (80).

As medicine began discovering ways to alleviate menopausal symptoms, technological innovations allowed doctors and women to specifically locate and visualize internal changes associated with menopause. The introduction of the hystero-graphy in 1921 by doctors Sicard and Forestier allowed gynecologists to begin to visualize the uterus *in vivo*, and localize deformities, vaginal atrophy, scarring, and physiological changes associated with sterility and menopause.¹²² Around the same time, researchers began to refine Brown-Séquard’s techniques and successfully extract specific hormones like estrogen from pregnant women’s urine. By the late 1920s, pharmaceutical companies sold ovarian extracts distilled from pregnant mare urine (Premarin) in Europe to alleviate menopausal symptoms (Watkins 26). As Elizabeth Watkins acutely observes, with this refinement of hormone replacement therapy, “the woman’s essence could be reduced to the hormones their ovaries produced” and it could be purchased in a bottle (6). In 1960, biotechnological innovations like Dr. John R. Cameron’s bone densitometry allowed visualization of the weakening in bone structure with menopause.¹²³ These biomedical developments permitted women to witness changes within their bodies first-hand,

¹²² Sicard JA. & J. Forestier. Diagnostic et thérapeutique par le lipiodol, clinique et radiologie. Paris: Masson, 1928.

¹²³ Cameron, JR & J Sorenson. “Measurement of Bone Mineral *in vivo*: An Improved Method.” Science. 142.3589 (1963): 230-232.

reinforcing medically constructed views of menopause as a series of pathological, dreaded losses: loss of hormones, femininity, sexuality, libido, concentration, beauty, health, and even calcium.¹²⁴

Today, the latter stage of a woman's reproductive life is divided into different medical categorizations, all in relation to menopause—pre-menopause (8-10 years of irregular periods), peri-menopause (cessation of menses and one year of uncertainty following), post-menopause—rendering this biological event central to her adult existence.¹²⁵ Approximately 400,000 French women reach menopause each year and, by 2025, the *Agence Française de Sécurité Sanitaire des Produits de Santé* projects that half of the population of French women will be menopausal.¹²⁶ The *Association Française pour l'Etude de la Ménopause* identifies common symptoms experienced by French women as including hot flashes (*les bouffées vasomotrices*), depression, excessive perspiration, insomnia, vaginal atrophy, weight fluctuation, and alterations of hair and skin.¹²⁷ Although a few recent sociological studies have concluded that only a minority of French women fall victim to negative constructions of menopause, an overwhelmingly large percentage still seeks to “restore” femininity with hormone replacement therapy,

¹²⁴ Berger, Gabriella. *Menopause and Culture*. London : Pluto Press, 1999.

In fact, menopause tests are now available in France, marketed like pregnancy tests (Viola (Protex Care), Ménotime (Laboratoires Matara Diagnostics)).

¹²⁵ According to *Gynécologie pour le praticien* (2007), “L’arrêt des règles correspond à une perte de la fonction de reproduction par disparition des follicules primordiaux du parenchyme ovarien et par modification des sécrétions stéroïdiennes. Cette définition d’un instantané est de plus en plus souvent remplacée par le terme de période ménopausique (ou climatérique) ce qui inclut la périménopause où la femme est encore réglée et la postménopause où la femme ne l’est plus, tout fonctionnement cyclique ayant disparu. L’âge de survenue est compris entre 45 et 55 ans en France, en moyenne 52 ans ” (368).

¹²⁶ Ringa V, D. Hassoun et al. *Femmes, médecins, et ménopauses*. 2nd Ed. Paris: Masson, 2003. 191.

¹²⁷ “Association Française pour l’étude de la ménopause.” *Menopauseafem.com* . 7 July 2007. Web. September 2008.

natural remedies, creams, and plastic surgery.¹²⁸ French physicians of the late twentieth century have mostly resisted pharmaceutical treatment of menopause in favor of herbal treatments. Today, only between 36-41% of menopausal French women take hormone replacements, however, this percentage is expected to increase over the next few decades.¹²⁹

Even if menopause cannot be entirely “conquered,” pharmaceutical companies market many ways for women to access over-the-counter products to manage these changes and increase their “femininity.” Scores of treatments also exist to allegedly prolong femininity and womanhood by diminishing the signs of menopause. “Natural” remedies, such as Fleurance Nature’s “*Complexe féminité*,” or *Ménocéane*, claim to alleviate symptoms and ‘preserve femininity’ menopausal women: “*Ménocéane vous aide à préserver confort et féminité.*” Anthropologist Daniel Delanoë draws attention to the extreme slogans of prescription hormone replacement therapies like “*Pour que la femme reste femme,*” that seemingly ‘prevent’ this passage out-of-womanhood altogether. These problematic claims reinforce the notion that womanhood has well-defined limits—beginning with menarche and ending with menopause.

Thus, the experiences of the female reproductive body in France have become increasingly medicalized, even when it ceases to reproduce. Upon reaching a time when the female body no longer procreates, one might assume that it is liberated from social

¹²⁸ Delanoë, Daniel. “La ménopause comme phénomène culturel.” *Champ Psychosomatique*. 24 (2001) 57-67.

¹²⁹ Ringa V. “Les traitements disponibles actuellement : le point épidémiologique.” *Femmes, médecins, et ménopauses*. Eds. V Ringa & D. Hassoun. 2nd Ed. Paris: Masson, 2003. 39-78. *Gynécologie pour le praticien* recommande : “Dans l’état actuel des connaissances, le traitement hormonal substitutif peut être proposé et recommandé, mais certainement pas imposé à l’ensemble de la population concernée ” (372).

control and scrutiny; however, this is far from true, as the law banning postmenopausal pregnancy demonstrates.¹³⁰

Reinventing reproduction and “Des crimes contre l’espèce humain” : Cloning and the female reproductive body in France

“In the future, reproductive cloning will enable all of us to live eternally”
Letter sent by Dr. Boisselier of Clonaid to all UN Ambassadors¹³¹

The technological developments of the twentieth and twenty-first centuries have without a doubt pushed the limits of human reproduction and forever impacted how society, science, and women perceive the female reproductive body. Medical understanding of the inner workings of the female reproductive body in the field of obstetrics and gynecology has made huge strides. Recent research has yielded dozens of reproductive and genetic technologies that have medicalized the approach to conception itself, permitting life in previously barren bodies, and once again placing the female body and its reproductive choices at the heart of intense public discussion. Meanwhile, the French state reassesses its approach to the regulation of these new technologies. France constantly revisits its positions on reproductive politics imposing increased restrictions on

¹³⁰ Grabinski, Anna. “A propos de “ l’affaire de Draguignan ” : ménopause et procréation médicalement assistée.” *infodoc.inserm.fr*, INSERM 2001. Web. 8 Jan 2008.

According to the July 29th 1994 law, L.2141-2, 2 and 3, of the “Code de la Santé Publique, issu de la loi dite “ de bioéthique ” n°94-654:

“[L’assistance médicale à la procréation] a pour objet de remédier à l’**infertilité** dont le **caractère pathologique** a été médicalement diagnostiqué. (...) ”

L’homme et la femme formant le couple doivent être vivants, en âge de procréer, mariés ou en mesure d’apporter la preuve d’une vie commune d’au moins deux ans et consentant préalablement au transfert des embryons ou à l’insémination. ”

Capron, Alexander. ‘At Law: Grandma? No, I’m the mother!’ *The Hastings Center Report*. 24.2. (1994) 24-25.

¹³¹ “Letter sent by Dr. Boisselier to all UN Ambassadors.” *Clonaid.org*. Clonaid. 21 October 2004. Web. 31 July 2008.

the female reproductive body. Many French rulings discussed below stand in bold opposition to other countries in Europe and around the world.

Shortly after the passage of the loi Veil in 1975 legalizing abortion (an anti-natal technology), pronatal technologies that artificially assisted human reproduction were being developed. The introduction of *in vitro* fertilization (IVF) (*fécondation in vitro* (FIV)) in 1978, for example, provided previously infertile couples and women without ovaries could procreate.¹³² This procedure involves perhaps the most invasive medicalized experience of conception and pregnancy possible, because of the intense medical interaction and surveillance at all levels from gestation to birth. It is estimated that ten thousand IVF babies are born in France annually. According to the *Agence de la Biomédecine*, “20,042 children were born after either artificial insemination (30%) or in-vitro fertilization (70%) practiced in a French centre in 2006. Taking account of the 9-month delay between conception and birth, this represents 2.5% (of which 1.7% IVF and 0.8% AI) of all births in France the following year, or one birth in forty.”¹³³

In 1994, a relatively radical “loi de la bioéthique du 29 juillet” at once addressing and placing restrictions on the uses of a plethora of new reproductive technologies.¹³⁴ (See Appendix V) Biotechnological developments have also forced society to rethink reproduction, which no longer even has to consist of the direct participation of two individuals. For instance, with assisted reproductive technology, a woman can reproduce without the presence of a man. However, according to the 1994 law, only heterosexual

¹³² The first IVF baby (*bébé éprouvette*) in France, Amandine, was conceived in 1982.

¹³³ La Rochebrochard, Elise de. “In-vitro fertilization in France: 200,000 “test-tube” babies in the last 30 years.” *Population & Societies*. 481. Web. 2008.

¹³⁴ This law was reviewed in 2004 and will be under review again in 2010.

couples with medically diagnosed infertility may use this reproductive technology (excluding homosexual couples). Gestational surrogacy (*la gestation pour autrui* (GPA)) allowed a woman (*une mère porteuse*) to carry a genetically unrelated child and a woman without a womb to have progeny.¹³⁵ Unlike the United States, surrogacy is prohibited in France, with French ethicists likening this practice to ‘programmed abandonment,’ ‘la location du ventre,’ and ‘la marchandisation du corps humain.’ (See Appendix VI) In fact, French law considers the mother of the child to be the gestational mother, not the genetic mother—defining motherhood by the physiological experience of gestation (*la maternité utérine*) and not genetic relationship (*la maternité génétique*). Some opponents to surrogacy argue that “La vie utérine est importante pour la construction de l’enfant et ne peut se réduire à un espace vide de tout sentiment.”¹³⁶ With hormone therapy, the body could be “repaired” if it were sterile and bear children after menopause. Although strict legislation prevents menopausal women from access to *in vitro* fertilization (IVF) in France, many women to seek treatment abroad.¹³⁷ In the 90s, this technology was coupled with genetic screening that enabled couples to select the gender and physical traits of

¹³⁵ Surrogacy is illegal in France and all but four countries in Europe. According to the 2004 bioethics code, anyone participating in a surrogacy agreement could be subject to one year in prison and a fine of up to 15,000 euros.

Couples tend to seek surrogates abroad in a practice known as “procreative tourism.”

Le premier bébé après 40 ans: enquête sur ces nouvelles mamans. By Aïda Touihri. 66 minutes. M6. 21 Jan. 2009.

La Rochebrochard, Elise de. “In-vitro fertilization in France: 200,000 “test-tube” babies in the last 30 years.” Population & Societies. 481. Web. 2008.

¹³⁶ “Parce que l’homme est fragile... Rapport national du parti chrétien-démocrate sur la révision des lois de bioéthique”

¹³⁷ A growing number of French women are seeking infertility treatment abroad. Some clinics in Barcelona have primarily French clientele, which was a hot topic in 2009 for television shows like 66 minutes and Enquêtes et révélations.

“Le premier bébé après 40 ans: enquête sur ces nouvelles mamans.” By Aïda Touihri. 66 minutes. M6. 21 Jan. 2009.

France is not unlike its European neighbors—all but four countries have banned surrogacy.

their offspring (*les bébés sur mesure*) or pre-screen for genetically anomalies (*le diagnostic pré-implantatoire (DPI)*).¹³⁸

Science has even begun theorizing how to remove reproduction from the female body altogether. In 2001, American and Japanese scientists began creating “artificial wombs” that eventually could allow embryos to gestate outside of the body through a process called *ectogenesis*.¹³⁹ Some scientists, such as Henri Atlan, expect this procedure to be perfected and applied to humans within the next century. Atlan points out that “Pour l’heure, le début et la fin de la grossesse, respectivement jusqu’au cinquième jour et à partir de la vingt-quatrième semaine, peuvent déjà se dérouler en dehors du corps d’une femme ” (Atlan 26). Science must only find a way to replicate a womb-like environment for the six month interval of gestation that today necessitates the womb. Although ectogenesis remains largely in the theoretical realm, recent developments have enabled the creation of a being from a single cell through cloning, bringing science closer to this goal.

After years of debating these developments, in 2004, the “loi de la bioéthique,” explicitly forbade both reproductive and therapeutic cloning in France (See Appendix

¹³⁸ Atlan, Henri. *L’Utérus artificiel*. Paris: Seuil, 2005.

¹³⁹ Knight, J. “Artificial Wombs: An out-of-body experience.” *Nature*. 12 Sept 2002: 106-7.

While immediate research is not attempting to find a way to remove pregnancy from the womb, it is attempting to help babies born as early as 24 weeks survive. Some researchers have unsuccessfully attempted to create “artificial placentas” in experiments with goats. Supporters of ectogenesis have argued that it could provide an end to abortion. The term “ectogenesis” was first coined by John B.S. Haldane in 1923 (Atlan 12).

Atlan, Henri. *L’Utérus artificiel*. Paris: Seuil, 2005.

Langford, Sarah. “An end to abortion? A feminist critique of the ‘ectogenetic’ solution to abortion.”

Women’s studies International Forum. 2008: 263-296.

Taylor H, Kolff W, Sindelar P and J. Cahill. “Attempts to make an “artificial uterus” ” , *American Journal of Obstetrics and Gynecology*. 1959:1295–1300.

VII).¹⁴⁰ Article 21 specifies that reproductive cloning is punishable by thirty years in prison and a fine of 7.5 million euros: “Est interdite toute intervention ayant pour but de faire naître un enfant génétiquement identique à une autre personne vivante ou décédée.”¹⁴¹ While other European countries including Denmark, the United Kingdom, Germany, and Spain have had laws prohibiting human cloning since the early 90s, many countries, like the United States, have yet to formally ban human reproductive cloning.¹⁴² Thus, this French law cannot prevent private companies from experimentation in more countries with more lenient regulations. Clonaid, for example, an organization and “company” founded by Brigitte Boisselier, a French biochemist and Raëlian bishop, has announced the successful creation and birth of human clones on three occasions.¹⁴³ While

¹⁴⁰ “Loi n° 2004-800 du 6 août 2004 relative à la bioéthique.” *Legifrance.gouv.fr*. JORF. August 2004. Web. 28 July 2008. 14040.

As of September 2008, the United States has no federal ban on reproductive cloning. Although bills have been passed by the House of Representatives, they have stalled in the Senate among discussion of therapeutic cloning. Individual states such as Pennsylvania and Massachusetts, have restrictions on embryonic and thus, cloning research.

Latham, M., “Assisted conception and the law: medical gatekeepers and embryo status.” *Regulating Reproduction: A Century of Conflict in Britain and France*. Manchester: Manchester University Press, 2002. 134-164.

“La révision des lois de bioéthique : Etude adoptée par l’assemblée générale plénière.” *conseil-etat.fr* Les études du Conseil d’Etat. 6 May 2009. Web. 3 November 2009.

¹⁴¹ Article 21 also explicitly bans the creation of a clone of the deceased: “ Est interdite toute intervention ayant pour but de faire naître un enfant génétiquement identique à une autre personne vivante ou décédée. “ Therapeutic cloning is punishable by seven years in prison and a fine of 100, 000 euros.

¹⁴² In June 2007, the US House of Representatives reviewed and rejected the “Human Cloning Prohibition Act of 2007” on the grounds that it only forbade the transplantation of a clone into a woman’s uterus: “It shall be unlawful for any person (1) to perform or attempt to perform human cloning.” Human cloning was defined as “the transplantation of the product of human somatic cell nuclear transfer technology into the uterus or functional equivalent of the uterus.” The United Kingdom has restrictions on human cloning regulated by the Human Fertilisation and Embryology Act 1990 (HFE Act). Human embryos may be cloned for research and exist up to two weeks, but they cannot be replaced in the uterus.

“Cloning Issues in Reproduction, Science and Medicine- Department of Health.” *dh.gov.uk*. 23 November 2003. Web. 5 September 2008.

“HR 2560: Human Cloning Prohibition Act of 2007.” *Opencongress.org*. Open Congress. 2007. Web. 5 September 2008.

¹⁴³ The Raëlian cult was founded by Claude Vorilhon (aka Raël), a French sports journalist who claimed in 1973 to have been contacted by extraterrestrial beings, the Elohim, while at the center of the dormant volcano, Puy de Lassolas. According to Raël, these beings created humans and will return in 2035. He was

these claims remain entirely unsubstantiated by the scientific community, it spurred worldwide discussion on the ethics of human reproductive cloning.

Today, the three most common cloning technologies are DNA cloning (to create multiple copies of a specific gene), therapeutic cloning (to generate human embryos for research purposes or organ donation), and reproductive cloning (to make a genetically identical individual).¹⁴⁴ Reproductive cloning consists of eliminating an ovum of its genetic material. Then, through a process called somatic cell nuclear transfer (SCNT), the genetic material of any somatic cell from the “original” being is inserted into the ovum and treated with chemicals or an electric current to stimulate cell division. Finally, the cloned embryo is implanted in the uterus where it is allowed to mature until birth. Since all cells in an individual, with exception of the gametes (sex cells), contain a complete set of chromosomes, this process fundamentally alters the traditional dynamics of reproduction.¹⁴⁵ Through this process, scientists were able to clone the first confirmed

chosen to prepare humans to welcome them and build an embassy. He believes that humans will one day achieve immortality through cloning.

Clonaid, which calls itself the “first human cloning company,” refuses to reveal where its facilities are based as well as provide any scientific proof of its success. Michel Houellebecq’s novel, *La Possibilité d’une île* (2005) is inspired by Raëlian beliefs and will be explored in the final chapter.

“Le Mouvement Raëlien.” *Rael.org*. 2005. Web. 4 June 2007.

“Clonaid: Pioneers in Human Cloning.” *Clonaid.com*. 2006. Web. 11 December 2007.

“Clonaid claims it has cloned a baby girl.” *Cnn.com*. 27 December 2002. Web. 3 July 2006.

Kolata, G & K Chang. “For Clonaid, a trail of unproven claims.” *Nytimes.com*. 1 January 2003. Web. 3 July 2006.

“Clonaid says it’s cloned the first boy.” *Cnn.com*. 23 January 2003. Web. 3 July 2006.

¹⁴⁴ National Bioethics Advisory Commission. “The Science and Application of Cloning.” *Clones and Clones: Facts and Fantasies about Human Cloning*. Ed. Martha Nussbaum and Cass Sunstein. New York: W.W. Norton & Co., 1998.

¹⁴⁵ Technically speaking, clones created through this process are not entirely genetically identical. While the nuclear DNA is the same as the donor, the mitochondrial DNA comes from the cytoplasm of the enucleated ovum. Mitochondrial DNA has been associated with the aging process and has been attributed to why cloned beings appear to age faster.

and documented mammal, Dolly the sheep, in 1997.¹⁴⁶ Current cloning technology is inefficient and typically yields only one viable embryo per one hundred attempts.¹⁴⁷ While other species have since been cloned (including a calf, goat, mouse and cat), SCNF has been unsuccessful at cloning primates, leading to speculation that some species, including humans, may be more resistant to this technology than others. Still, these inevitable developments have inspired many writers to ponder the consequences of such technology on not only the female reproductive body, but on the family, law, and medicine.

Ethicists have scrutinized the issue of human cloning and warned of complicated moral, physical, psychological, social, economic, and legal implications. Human cloning will destabilize contemporary perceptions and understandings of reproduction, impacting the way that women, society, science, and the law view the body. This procedure will involve intensified interaction between the medical community and the female body, as well as scrutiny and monitoring, even after birth. With this technology, reproductive power is reassigned to the hands of scientists, rendering the female body powerless and passive throughout the experience. Without legal restrictions, a woman's body could be exploited as an incubator to house an experiment or a body from which to harvest eggs. Opponents of human reproductive cloning point out the high miscarriage rate due to

¹⁴⁶ Wilmut I et al. "Viable offspring derived from fetal and adult mammalian cells." *Nature*. 27 Feb 1997: 810-13.

In 1952, a tadpole was allegedly cloned using a technology modified by the scientists who created Dolly the Sheep.

"AMA's 1999 CEJA Report: The Ethics of Cloning." *Ama-assn.org*. 1999. Web. 5 July 2008.

¹⁴⁷ "Human Cloning." *Ama.org*. 17 March 2008. Web. 5 September 2008.

“genetic or physical abnormalities” that could potentially pose serious risk to women, especially the first test subjects.¹⁴⁸ Animal research has shown an unexplainably rapid aging process in clones, which could put humans at risk as well. Obtaining informed consent would be unethical considering the many unknown risks, and screening to determine if the embryo is “normal” would set problematic standards.

The legal relationship between a “mother” and her cloned “child” would be also compromised. Essentially, the cloned individual would be the “twin” of the original donor, however, less like the original than a natural twin for they would not share the same experiences and proximity in the womb. If human application of this technology were to allow a woman, for example, to autoreproduce and birth herself, then procreation could consist of the participation of only one individual, not two. A woman could also be impregnated with another male or female’s clone, potentially enabling her to birth her own mate, sibling, or parent, pushing society to reconsider its notions of identity and family. Instead of a process uniquely between a man and a woman (two individuals), it could consist of one individual or even three. These limitless permutations force science, the law, and society to rethink its understanding of reproduction and notion of family entirely. The repercussions of this technology could reach as far as eliminating the need for the opposite sex or even creating a world of genetically “perfect” clones. While scientists insist that cloned beings would be unique individuals, not carbon copies of the original, psychologically this status would be difficult to understand. Certainly, the existence of clones will lead to provocative discussion on identity and genetics. Coupled

¹⁴⁸ Handwerker, Lisa. “New genetic technologies and their impact on women: a feminist perspective.” Gender and development. 11.1. (2003): 114-122.

with the successful creation of an artificial womb, cloning could antique the female reproductive body completely.¹⁴⁹

Body image and the reproductive experience

French sociologist Luc Boltanski asserts that some of the most important and noticeable social changes in the twentieth century France center on the conditions of reproduction, gestation, and birth.¹⁵⁰ Naturally, this statement is debatable, nevertheless significant scientific, political, ethical, social and legal debates have focused on the female reproductive body as the medical world and society increasingly managed and monitored it.¹⁵¹ Due to the century's countless technological developments, there has been an increasing transparency of the human body, including the uterus.¹⁵² Yet, in France, one might observe that the human body in general became increasingly visible in the private and public spheres. Philippe Ariès remarks that in the interwar period clothing became increasingly revealing: "L'entre-deux-guerres est, pour la bourgeoisie, l'époque d'une libération du corps et d'un rapport différent entre le corps et le vêtement. Le vêtement ancien cachait le corps et l'emprisonnait" (Ariès 85). Ariès also notes that the availability of full-length mirrors enabled people to view their own bodies in previously impossible ways, reshaping one's bodily perception, or body image (308) :

¹⁴⁹ Reineke, Sandra. "In vitro veritas: New Reproductive and genetic technologies and women's rights in Contemporary France." *The International Journal of Feminist Approaches to Bioethics*. 1.1 (2008): 91-124.

¹⁵⁰ Boltanski, Luc. *La Condition Fœtale: Une sociologie de l'engendrement et de l'avortement*. Paris: Editions Gallimard, 2004.

¹⁵¹ Ariès, Philippe, and Georges Duby. *Histoire de la vie privée. De la Première Guerre mondiale à nos jours*. 1985. Vol. 5. Paris: Seuil, 1999. 5 vols. 95.

¹⁵² The infamous "Body Worlds" Exhibition featuring posing plastinated (some pregnant) cadavers with various layers of muscle, veins, and organs revealed demonstrates this trend. A similar exhibit, "Our Body: The Universe Within", was ordered to be shut down by a French judge in April 2009. Launet, E. "La mort à profit." *Liberation.fr*. La libération. 14 May 2009. Web. 17 May 2009.

Le miroir n'est pas une nouveauté du XXe siècle; sa banalisation, en revanche, en est une, comme la façon d'en user: on ne s'y regarde pas seulement avec le regard d'un autre, pour voir si l'on respecte les codes vestimentaires; on s'y regarde comme les autres ne sont pas en général autorisés à le faire: sans maquillage, sans vêtement, nu (Ariès 103).¹⁵³

By the late 1930s, psychiatry began seriously investigating the psychological impact of the perception of one's body. French psychiatrist and neurologist Jean Lhermitte coined the term *l'image de soi*, which he later changed to *l'image corporelle*, and today is often *l'image du corps*.¹⁵⁴ The attention to what psychologists now refer to as body image draws attention to the differences in perceived bodily appearance versus reality, and identifies the factors that can change these perceptions.

This outward, public visibility amplified with the pregnant body as well. Over the latter part of the twentieth century, the pregnant body itself began to materialize in French society, as women began wearing tighter garments and openly displaying their figures: "De plus, si pendant certaines périodes de l'histoire la grossesse devait se cacher, elle est au contraire aujourd'hui un état particulièrement valorisé et valorisant. La femme enceinte, devenue icône du bonheur et de la plénitude dans les médias, prend plaisir à mettre en scène son gros ventre" (Jacques 2). A study of the many editions of Laurence Pernoud's pregnancy guide *J'attends un enfant* uncovers an increasingly visible exterior

¹⁵³ Ariès, P. & Georges Duby. *Histoire de la vie privée*. Vol.5. Paris: Seuil, 1987.

¹⁵⁴ Lhermitte, J. "De l'image corporelle et ses déformations morbides." *Journal de Psychologie Normale et Pathologique*. 37 (1940): 321-345.

Lhermitte, J. "De l'image corporelle." *Revue Neurologique*. 1-2.1942.

In Lhermitte's 1942 review, "De l'image corporelle," he describes how other terms like "bodily image," "body image," and "Appearance of the Body" are being employed in the field. In his definition, he specifies: "En psychologie, par image l'on entend par ce terme la reviviscence d'une perception, d'un souvenir, tandis que l'image actuelle que les excitations proprio, intéro, et extéroceptives font surgir dans notre conscience est une perception. Or ce que l'on entend par image corporelle apparaît tout ensemble une perception, c'est-à-dire une image actuelle liée aux afférences et une image souvenir, en d'autres termes, ce que l'on entend par image corporelle comprend, à la fois, une présentation et une représentation" (Revue 21). Lhermitte contributed greatly to the understanding of body image disorders like phantom limb syndrome, and anosognosia.

of the pregnancy body. While early editions present sketches of the entirely clothed pregnant body, by 1984, a single photograph of the pregnant, partially clothed body and exposed stomach appears. Although photographs and sketches of partially clothed bodies persist in 2005, by the 2007 edition, artistic nude photographs densely illustrate and celebrate the physical transformation and experience of the female body, reflecting a heightened visualization of the body's exterior as well.¹⁵⁵ As sociologist Béatrice Jacques has remarked, “La femme enceinte, devenue icône du bonheur et de la plénitude dans les médias, prend plaisir à mettre en scène son gros ventre” (2). With these innovations, changes in reproductive management and visibility came natural shifts in the perception of the female reproductive body by society, science, law, and women themselves.

Creating the fetal subject and pregnancy split

In addition to contributing to a greater visual transparency and biomedical understanding of the female reproductive body, these technologies impact how medicine, society, law, and parents view the fetus, resulting in the concept of what some sociologists, anthropologists, and feminists call the fetal subject.¹⁵⁶ By granting the fetus agency, the pregnant body is treated and perceived differently, changing how women

¹⁵⁵ In the nineteenth century, the pregnant body often revealed itself inadvertently in artwork, like *Eve* (1881) by Auguste Rodin. Efforts by some artists such as Saint Phalle, scandalously unveiled this body in the late 60s with huge sculptures that viewers entered between a pregnant form's legs. Images of the nude pregnant body rarely appeared in film, with exception of director Agnès Varda's briefly incorporation of the images of her own pregnant stomach in her avant-garde documentary, *L'Opéra Mouffe* (1958). Up until the late 1980s, relatively few commercial images of the nude pregnant body circulated. While the American magazine *Vanity Fair* provocatively featured a pregnant, naked actress Demi Moore in 1991, the French magazine, *Elle*, waited until 2002 to expose a French pregnant stomach belonging to the singer, Zazie. It was not until the late 90s that maternity grew more revealing and the pregnant body populated magazines, advertisements, feature films, and the French health campaign posters.

¹⁵⁶ See also Barbara Duden's *Disembodying Women: Perspectives on Pregnancy and the Unborn* (1994), Morgan's *Fetal Subjects, Feminist Positions* (1999).

experience reproduction, pregnancy loss, and sterility. Instead of approaching the pregnant subject as one patient, the doctor considers the mother and fetus as two separate entities.

The introduction of obstetrical imaging technologies like ultrasounds that permit the *in utero* visualization of the fetus as early as three months further complicates the perception of pregnancy loss. Many scholars from Luc Boltanski to Linda Layne have explored how technological innovations have contributed to the creation of the fetal subject and psychological affects following perinatal death.¹⁵⁷ Boltanski argues that this technology renders the fetus a concrete presence, instead of an abstraction. The influential power of the ultrasound has been vehemently debated because of its potential to criminalize or legitimize abortion.¹⁵⁸ For future parents, opponents argue, “elle transformerait l’enfant à naître en enfant déjà né, en individu, sujet, personne” and warn that this technology might be abused to dissuade women from abortion by providing a concrete, often sexed, image of the fetus (Fellous 11). Others contend that early identification of a deformity or abnormality could pressure a woman to abort. The controversy is complicated by the fact that ultrasounds are still often misread and misinterpreted, in spite of lengthy training by “specialists”.¹⁵⁹

The notion of the fetal subject also influences how women experience pregnancy. A woman can perceive her body at once as her own and as “other”—containing a

¹⁵⁷ Layne, Linda L. *Motherhood Lost*. New York: Routledge, 2003.

¹⁵⁸ Fellous, Michèle. *La première image: Enquête sur l'échographie obstétricale*. Paris: Nathan, 1991.

¹⁵⁹ In France, these technicians are not gynecologists and obstetricians.

Dominique Sigaud-Rouff's *Aimé* (2006) reveals her experience when a technician misread an ultrasound, prior to the loss of her fetus (54, 66). She also laments the prejudices against older mothers in France. Sigaud-Rouff, Dominique. *Aimé*. Paris: Actes Sud, 2006.

separate human being. As Iris Marion Young describes: “The pregnant subject, I suggest, is decentered, split, or doubled in several ways. She experiences her body as herself and not herself. Its inner movements belong to another being, yet they are not other, because her body boundaries shift and because her bodily self location is focused on her trunk in addition to her head” (160).¹⁶⁰ This perception complicates the experience of miscarriage and abortion. Until recently, Parisian maternity wards did not have structures in place to deal with the psychological repercussions of such losses to prevent potential long-term repercussions of trauma.¹⁶¹

Conclusion

Over the past century, the lived experience of the female reproductive body by medicine, law, and society has dramatically changed in France due in large part to developments in obstetrics (which originated in the country itself!) that have increased surveillance and visualization of the body’s interior. France remains a very pronatalist state, with policies like reimbursing women for IVF treatment up to three times! France still has a distinct preoccupation with monitoring and managing reproduction and many technologies and contemporary medical procedures originated in France. All aspects of the reproductive experience are highly medicalized and can now be controlled and monitored by medicine. Laws strictly monitor this interaction, the body’s choices, and determine when and where it is permissible.

¹⁶⁰ Young, Iris Marion. Throwing like a girl and other essays in feminist philosophy and social theory. Bloomington: Indiana University Press, 1990.

¹⁶¹ Valat, A-S & M. Dumoulin. “Les rites d’accompagnement.” Mourir avant de n’être? Eds. René Frydman & M. Flis-Trèves. Paris: Odile Jacob, 1997.

In light of this century of changes in reproduction, it is no wonder that French writers have begun probing the implications of these shifts, charting transitions, and exploring their own perceptions of these experiences from the female viewpoint. The remainder of this study will investigate and analyze recent French fiction and the many ways that these hysterographies react to and engage with the many issues raised in this first chapter. The body's relationship to society dramatically changes with these technological innovations forcing society to question exactly how much control it can exert over the female reproductive body in order to protect the fetus. How is this experienced? How do these changes affect the body and experience? Shape perception of motherhood? How do these cultural attitudes influence one's experience of the body after reproductivity diminishes? They assert the value of listening to the lived experiences of the female reproductive body. Some authors will begin to project how imminent discoveries will influence society. Moreover, chapters will question how these authors use this creative material to inspire reflection on their own literary creations. All of these authors are conscious of their literary contributions, creating narrators who are aware of their writing, style, process, and seek to innovate, as if to counter and discredit the cries of sterility in contemporary French fiction.

CHAPTER TWO

Writing the Pregnant and Birthing Body

Prior to the nineteenth century, comprehensive writings of the lived experience of pregnancy and birth from a woman's perspective were rare and narratives of the reproductive experience overwhelmingly originated from the medical community. Medical treatises written for professional use by doctors or midwives that depicted stories of difficult or abnormal births far outnumbered practical guides intended to inform pregnant women. Gradually, in the early nineteenth century, as the professionalization of obstetrics began impacting how women birth, manuals like Jean-François-Frédéric Montain's Le Guide des bonnes mères... (1807) surfaced, instructing women on healthy lifestyles during pregnancy followed by practical information on raising a newborn.¹⁶² Generally, these guides directed readers to consult a doctor or midwife before birth without detailing possible medical interventions, complications, or even the delivery itself. Specific procedures on birthing preparations such as fetching boiling water and clean sheets are briefly noted, and vague statements warn its readers of extreme labor pains. Descriptions of obstetric procedures or the physical experience of delivery are withheld entirely, creating a void of information for women concerning the medical details of birthing.

The female voice progressively emerged in pregnancy guides as educated women (backed by male obstetricians) began penning works that clearly explained medical

¹⁶² Montain, JFF. Le guide des bonnes mères contenant les principaux phénomènes de la grossesse, le régime des femmes enceintes, offrant un coup d'œil sur l'enfance... suivi de l'exposition des principales maladies des enfans.... Lyon : Barret, 1807.

procedures during pregnancy and birth to its women readers, like Mme Geoffroy's Guide des femmes enceintes, des jeunes mères... (1830). Through simplified explanations, Geoffroy rendered the complicated medical discourse more accessible to literate women.¹⁶³ By the end of the century, Augusta Moll Weiss's guide La Femme, La mère, L'enfant. Guide pratique à l'usage des jeunes mères (1897) creatively adopted the epistolary genre to communicate medical knowledge to women and prepare them for the experience. In a series of didactic letters to her fictional pregnant daughter Sophy, the mother vividly describes the commonly omitted details of the medical interventions during pregnancy and birth, offering explanations and practical advice:

La sage-femme ne doit faire d'exploration que pour bien établir les conditions dans lesquelles l'enfant se présente, trop répétés, ces examens peuvent rendre septique, le milieu qu'on avait si soigneusement aseptisé. La malade éprouve le besoin de pousser, elle n'a qu'à obéir à la nature, mais lorsqu'arrivent les grandes douleurs, pas d'impatience, pas d'effort trop brusque, car il pourrait en résulter la déchirure du périnée et la jeune femme regretterait amèrement cette courte minute d'impatience (65).¹⁶⁴

Similar guides by obstetricians written for a female audience flourished, including Hygiène génitale de la femme (1902) by "la doctoresse" Geoffroy Schultz.¹⁶⁵ This informative and well-illustrated guide was one of the first written in a clear

¹⁶³ Geoffroy, Madame E-C. Guide des femmes enceintes, des jeunes mères et Traité de l'éducation physique des enfans, Paris : Froment et Compagnie, 1830.

¹⁶⁴ Moll Weiss, Mme. (1897) La Femme, La mère, L'enfant. Guide pratique à l'usage des jeunes mères. Paris : Maloine, 1917.

¹⁶⁵ The first woman, Mary Putnam (an American), entered the University of Paris medical school in 1868. A number of foreign women were granted access to the medical school, and during the Third Republic, many French women got their medical degrees as well. For further discussion of women doctors in France, see Julie Fett's article, "Pride and Prejudice in the Professions: Women doctors and lawyers in Third Republic France" (2007).

Fett, Julie. "Pride and Prejudice in the Professions: Women doctors and lawyers in Third Republic France." Journal of Women's History. 19.3(2007):60-86.

question/answer format with a conversational tone intended to demystify medicine on topics in women's health from artificial insemination to menopause.¹⁶⁶

By the mid 1960s, Laurence Pernoud's J'attends un enfant (1956) was one of the most successful comprehensive, illustrated French guides for expectant women from a female perspective on pregnancy and medicine. It sought to clarify and outline a wide variety of topics from the first signs of pregnancy to possible medical complications, proper hygiene, nutrition, beauty tips, and current information about Social Security reimbursements.¹⁶⁷ This annually updated, best-selling reference work meticulously details the latest scientific, legal, and practical information for new mothers/parents to this day. Simultaneously, each edition reflects dominant cultural attitudes towards behavior during pregnancy, for example, condemning abortion, surrendering a child for adoption, and alcohol and tobacco consumption in early editions.¹⁶⁸ Pernoud emphasizes the constantly changing nature of legislation and medicine and recommends that women read the most recent edition of the guide. Examination of Pernoud's work over the decades reveals a radically transforming birth culture in France, with an ever-growing number of mandatory prenatal visits, increasingly complex medical monitoring, and intensified visualization of the pregnancy. Each edition dedicates a larger section to illustrations or photographs of each stage of the embryo, fetus, and female body during

¹⁶⁶ Schultz, M. Mme. Hygiène génitale de la femme. Paris : Octave Doin, 1902.

¹⁶⁷ Pernoud, L. J'attends un enfant. Paris: Editions Pierre Horay, 1956.

The guide was quite popular and in 1966 boasts that it is "le seul livre complet sur la grossesse et l'accouchement" serving a million readers.

The 1956 edition is supported by Georges Duhamel, a member of the L'Académie de Médecine, who in the preface considers it to be "un livre excellent, humain" (1). This guide has been widely translated and has benefited from international success.

¹⁶⁸ In 1966, women were allowed up to three glasses of wine (no liquor) and no more than 10 cigarettes a day.

pregnancy. By the 1980s, detailed explanations and examples of radiography and ultrasound carefully chart fetal development.

While providing a wealth of information to women, pregnancy guides like Pernoud's only offer a glimpse of the lived experience of human reproduction. Until the twentieth century, a woman's perceptions and experience of pregnancy was primarily an intimate, oral narrative shared among family or friends, but gradually, due to the increased medicalization of birth, these stories became more complicated to transmit. As sociologist Béatrice Jacques aptly observes, French women of the 20th and 21st centuries have radically different experiences from their mothers:

Les mères des jeunes parturientes d'aujourd'hui n'ont connu ni les échographies, ni l'analgésie péridurale. Peut-être étaient-elles supposées faire un accouchement dit "sans douleur" dont la doctrine s'imposait dans les années 1950-1960. Mais la rupture n'était pas moins forte avec les générations précédentes, car, à partir de 1950, l'accouchement, arraché au cadre domestique, s'est transporté à la clinique (X).¹⁶⁹

Even today, the continuous stream of biomedical developments significantly distances a woman's reproductive experiences from previous generations of women, who, for example, never had the opportunity to learn of its sex before birth much less visualize a baby's facial features *in utero*. In the 1950s, when the changes in birth culture were becoming more dramatic, J'attends un enfant (1956) warns of the dangers of these personal (sometimes embellished) narratives. Pernoud rather harshly notes that pregnancies vary greatly and "friends" are likely not well-informed:

Discuter autour d'une tasse de thé de la meilleure manière de mener sa grossesse ou d'accoucher, se résume en général à la description détaillée, et fortement exagérée, d'une grossesse particulièrement difficile et d'un accouchement exceptionnellement pénible. En effet, que raconter d'un accouchement normal et

¹⁶⁹ Jacques, Béatrice. Sociologie de l'accouchement. Paris: Presses universitaires de France, 2007.

sans histoire? Le récit en serait bien terne et bien court. Et puis, vous le savez, le goût de dramatiser est commun à bien des femmes (Pernoud 1958, 19).

While Pernoud's point is understandable, when women do not discuss their pregnancies openly and are forced to find information solely from the medical community (until recently primarily male obstetricians), the lived, personal experience of pregnancy becomes marginalized and inaccessible.

The works of fiction considered in this section attempt to fill this void and explore women's perceptions of their bodies during this ever-evolving birthing experience. This chapter concentrates on the intersections and divergences of a narrator's body image and external perceptions of the changing body when faced with the medical institution. It reveals how writers capitalize on this literary space to at once contemplate and resist contemporary birth practices, while reflecting on literary reproduction and experimentation with language and form.

After briefly investigating a few, rare early examples of hysteroographies in French fiction, I move to my contemporary corpus. Each analysis has two goals—the first aims to examine autodiegetic narrators' increasing awareness of their reproducing nature and perception of physical changes during pregnancy. These narrators react to the increased medicalization of pregnancy and the dominant, homogenizing social, cultural, and scientific discourses of pregnancy and birth, declaring each lived experience as unique. In a second move, I consider formal innovations of hysteroographies and their literary implications, while reflecting on the writer's reactions to critics' cries of French fiction's impending doom. The earliest work in my contemporary corpus, Marie Redonnet's Rose Mélie Rose (1987), examines the female reproductive body's experience and perception

of puberty and pregnancy, while explicitly challenging the reader to reflect on common birthing practices. I argue that the novel announces a biological dimension to Redonnet's project to renew French fiction and revive a female literary tradition, virtually announcing the imminent creation of hysterographies in the 90s and new millennium. Next, this chapter explores the incestuous pregnant body in Christine Angot's Léonore, toujours (1993) and Interview (1995) as it resists traditional, homogenizing views of pregnancy, the birthing experience, and parent-child relationships. Angot's works, often dubbed autofiction, also provoke reflection on the limits of writing self. Finally, I examine Marie Darrieussecq's exploration of the geography of the pregnant body and mind in Le Pays (2005) as it explores the writing of the experience of "pregnancy split" and the interactions of the narrator's body with medicine. All of these works interact with and challenge clinical language, generic medical and cultural discourses, and the French birth culture. Through close analysis, this chapter demonstrates how such works respond to medical narratives of pregnancy and birth as they resist and expose the discourses that shape our perception of the reproducing female body, urging readers to reflect on its role in contemporary French culture in an increasingly technological era.

Early hysterographies: Pregnancy and birth narratives of the early 20th century

In spite of the traditionally oral nature of pregnancy narratives, early twentieth century examples do exist outside of the neo-malthusian/pronatalist corpus, and often possess a didactic dimension as well as voice strong sociopolitical critique (see Chapter 3). Raymonde Machard (1889-1971), a popular novelist and editor of Le journal de la

femme, wrote a successful novel Tu enfanteras... roman d'une maternité (1919) commended (*couronné*) by the Académie française, for instance, that tackled the lived experience of birth from an autodiegetic narrator's perspective.¹⁷⁰ Her novel presents an early instance of birthing outside the home, a trend that was just beginning in France and provoked many anxieties. Machard detected the void in fiction surrounding this topic and intentionally set out to write the often hidden emotions and experiences of pregnancy. Machard notes in one article in Le journal de la femme: “Pas une mère, depuis le premier enfant, qui consentit à dévoiler son mystère. Mon étonnement est sans borne. Impuissance?... Pudeur curieuse [...] [j'] essaye humblement de traduire des émotions qui ont dépassé toutes celles qui enfantèrent” (Thébaud 249). In the preface of Tu enfanteras..., Machard critiques the traditional reasoning for women to birth as her duty towards God, her people, and country:

Si l'homme connaissait la femme il ne lui parlerait pas “d'un beau rôle à jouer” dans une comédie sinistre, il n'argumenterait pas à l'aide de statistiques, ces choses sans âme, il ne la forcerait point dans sa féminité par l'instauration de la Maternité officielle sous forme de privilèges, de lois, de décrets de toutes sortes, jusqu'à récompenser avec de l'argent— de l'argent !—celle qui porte en son sein l'espoir de la Patrie (2).

Instead of viewing reproduction uniquely as a nationalistic obligation, Machard embraces this experience as a valuable opportunity to profoundly unite husband and wife and create a family unit that reflects her own patriotic, pronatalist, and feminist perspective (3).¹⁷¹

¹⁷⁰ Machard, Raymonde. Tu enfanteras... roman d'une maternité. Paris: Flammarion, 1919.

Based on her personal experiences, the work also appeared in installments in Le Journal de la femme beginning August 1936 (n. 195), a weekly newspaper directed by Machard. Tu enfanteras... was also republished in 1946 and again in 1950. Sadly, her daughter died on the day this work first appeared.

¹⁷¹ Critic Jennifer Milligan interprets Machard's pronatalist position as a flawed attempt at feminist thought (162). At this time, feminists were traditionally pronatalist, empowered by their reproductive potential and importance as mothers. In spite of Machard's overarching pronatalist position, the didactic dimension of the novel and dedication to writing the lived experience itself is progressive.

As Machard's autodiegetic narrator, Raymonde, recounts her pregnancy, she observes the lack of literature by women on this experience and the fears that this lack of knowledge produces:

Je vais à mes livres, nombreux comme les jeux multiples d'un prisme— toute la Pensée d'un monde enclose dans ces reliquaires. – Ce sont ceux des femmes que je recherche parmi tous, afin d'y puiser le secret qui est à nous seules, que jamais nulle pensée masculine ne pénétra, ne sut même rendre par imagination. Mes doigts tournent des pages...des pages. Ils ne trouvent rien (115).

Machard's work directly responds to this void with a vivid account of the lived, increasingly medicalized experience of pregnancy. Raymonde meticulously and didactically recounts the pregnancy from its discovery (13) and consultations with midwives and doctors, to the use of a stethoscope to detect the fetal heartbeat and determine (albeit incorrectly) the baby's sex (73).¹⁷² In this early hysterography, the narrator carefully depicts the sensation of the fetal movements (85, 89), her swelling abdomen and other physiological changes (27) as well as her near miscarriage (113-121). Raymonde's portrayal of her birthing experience remains honest and blunt, uniting the administrative, technical, physiological and lived experience of delivery (200) as it describes interactions with medicine: "elle étudiait mon corps, sa température anormale, la tension de ses artères, ses tressaillements spéciaux, jusqu'à la particularité de mes cris" (212).

Milligan, Jennifer. *The forgotten generation: French women writer of the inter-war period*. Oxford: Berg, 1996. 162-163.

¹⁷² "Je le suis jusqu'à une vitrine où il s'empare, au milieu d'étranges instruments, d'une sorte de trompette d'ébène. --- Qu'est-ce que cela? Dis-je malgré moi. – C'est un stéthoscope madame, autrement dit un appareil microphonique qui enregistre les pulsations de l'embryon au travers de la paroi abdominale. Selon un nombre de pulsations déterminé par minute on imagine le sexe male ou femelle. Comme je vous l'ai dit, c'est très empirique" (73).

Through its narrator, Tu enfanteras... exposes and critiques the contemporary birthing experience in “la maison de santé.” Raymonde specifically questions the denial of anesthesia (a “ pique ”) during the prolonged, excruciating pain of labor (219-222) and the absence of husbands in the delivery room (136)—announcing two controversies of the decades to come. Within the work, she does not hesitate to detail a difficult delivery : “l’enfantement étant chose naturelle, les phénomènes que perçoivent les autres mères restent dans un domaine humain. Je le sais par l’assurance technique que m’en donna, plus tard, un grand spécialiste et surtout par leur propre assurance à elles-mêmes. Mon accouchement à moi fut, de ce fait, anormal” (222-3).¹⁷³ Machard simultaneously commends the medical intervention that helps Raymonde to successfully deliver her child : “j’en garde l’impression incroyable de mains, d’un bras presque, s’insinuant dans mon corps pour arracher une vie à ma propre vie...c’est alors que mon corps s’entr’ouvrit...” (223). In this impressive hystero-graphy, Machard takes time to capture the paternal voice and perspective as well, completing the work with a letter by Raymonde’s husband, exposing his own fears and experience of the birth of his child (227-245). Tu enfanteras... thus stands as an early example of a hystero-graphy that captures in written form the often silenced pregnancy and birthing experiences, with the hope of disseminating useful information based on medical and seemingly personal experiences. Machard’s subsequent publications including her widely read and translated

¹⁷³ With the introduction of analgesics in France in the 1950s, fathers/male companions were more frequently allowed into the delivery room and even given a symbolic role (cutting the umbilical cord). Today, the French father is expected to be present at delivery: “Aujourd’hui, à l’inverse, si l’homme n’est pas là, l’équipe médicale se pose la question de ce qui ne va pas dans le couple pour justifier cette absence” (Fonty 171).

Fonty, B. & J. Huguenin. Les pères n’ont rien à faire dans la maternité. Paris: Editions Générales First, 2003.

romance novel La possession (1927) incorporate a similar didactic dimension, aiming to inform women of the lived reproductive experience through the novel.¹⁷⁴

Another early hysterography, Henriette Valet's Madame 60 bis (1932), exposes the dire conditions of the underprivileged women who experience pregnancy and birth in the infamous Parisian Hôtel-Dieu, while valorizing a collective female experience.¹⁷⁵ Valet's work clearly reads as a political push for reform of the public health system. Although it is recounted by a pregnant, single, autodiegetic narrator, more attention focuses on giving voice to the orally relayed stories of socially-marginalized patients (raped, infected with syphilis, crabs, and tuberculosis, disowned by their families and lovers, living in poverty, forced to abandon their offspring, handicapped, mentally ill,

¹⁷⁴ Machard, R. La possession. Paris: Flammarion, 1927.

Unlike Tu enfanteras..., this novel is written in the third person and recounted by an omniscient narrator.

¹⁷⁵ See Fred Bud Burkhard's "Henriette Valet's Madame 60 bis: French Social Realities and Literary Politics in the 1930s" for further discussion of Hôtel-Dieu and the various populations it served. Burkhard, F. "Henriette Valet's Madame 60 bis: French Social Realities and Literary Politics in the 1930s." French Historical Studies. (1993) 18.2 : 503-523.

Jablonska, Maïna. Sophie et le faune: contes très divers sur un sujet unique: l'accouchement. Paris: E. Figuière, 1932.

Around the same period as Valet's work, Maïna Jablonska published Sophie et le faune: contes très divers sur un sujet unique: l'accouchement (1932), a similar work recounting various tales of childbirth, although not from first-person perspective. The collection offers a wide range of explicit short stories of pregnancy and birth. One tale, for instance, follows a woman with dwarfism Sophie, who endures a cesarean section at a maternity ward: "Ce matin, elle apparaît, jaune pale, couchée sur le billard, la tête rejetée en arrière, les pieds attachés comme sur un chevalet de torture. Le ventre proéminent est vêtu de linges immaculés, telle une victime parée pour le sacrifice. Un silence religieux règne dans l'amphithéâtre,-- j'allais dire le Temple !—L'officiant procède aux rites sacrés. Sous le bistouri alerte, crac !... la paroi abdominale s'entr'ouvre. Crac !... le péritoine livre, courtoisement passage. Crac !... l'utérus violacé se laisse violer passivement. Et la vie naissante est dérobée par les audacieuses mains avec maestria " (9).

Another short story, "Une nuit de garde" (29-51), recounts the death of a newborn as the result of forceps misused by a medical student : " L'isolement à l'hôpital, loin des siens, pendant de longs jours, le martyre enduré, la violation de sa chair par le brutal et rigide forceps, tout cela c'est pour rien, pour rien !... Ce sera de nouveau la solitude, le regret éperdu de ce qui aurait pu être !" (48).

The collection of fifteen short stories also includes the tale of a thirteen year-old's pregnancy, an *accouchement sans douleur* with the use of hypnotism, a false pregnancy/ "une grossesse nerveuse" (127), and a story of death during childbirth of a fetus suffering from hydrocephale (163).

Read as a whole, Jablonska's work creates a brutally vivid portrait of contemporary marginalized birthing experiences that makes a strong sociopolitical statement on malpractice, treatment of the handicapped, and often ethically questionable birthing practices of her time.

Polish immigrants, etc) and less on her own background and physical experience of pregnancy. Severe criticism of the intensely medicalized, dehumanized, and objectified approach to pregnancy by doctors who know the women only by their bed number (like the narrator, “Madame 60 bis”), echoes loudly throughout the narrative: “Des femmes ? Non. Des utérus. [Les médecins] viennent repasser leurs leçons. Pour eux les malades sont des objets, des monticules, sur lesquels ils promènent gravement leur stéthoscope et dans lesquels ils fouillent ” (30). While Valet’s work harshly criticizes the deplorable conditions in the Hôtel-Dieu, it also values the collectivity fostered by the women who bond as a result of their common experience: “ je suis retenue par d’invisibles liens; ces femmes s’emparent de moi, elles m’enveloppent, elles m’adoptent, avec leurs yeux seulement, leurs yeux avides de spectacles” (6).¹⁷⁶

Although the narrator’s own experience of labor is relatively marginal compared to the stories of her counterparts, it fearlessly delves into the painful delivery. Her perception of the baby within her body is vividly described only during birth, when the abstraction becomes a reality.

Mon corps est emporté par une fatale tempête—c’est moi-même—et mon enfant...[...] Encore un cri, un dernier plus profond, un spasme, une torsion, une brisure. L’enfant se détache violemment ; il est encore moi, et il n’est plus moi. Pendant un dixième de seconde, la souffrance est absolue. Je chasse mon enfant comme un ennemi. Je le lance et je suis déjà dans la folle joie. Et je le sens déjà vivre. Il jaillit de moi. Sa tête passe comme un énorme globe, comme une terre. Son corps coule, glisse (235)

Admittedly, Madame 60 bis appears to be strangely out-of-place in this environment.

Although critics like Burkhard have argued that she likely comes from the provinces

¹⁷⁶ “Devant moi, dans ce grenier, des femmes rient bruyamment, renversées en arrière. Leurs corps, dans les chemises fripées, tachées de lait et de sang, sont las et tristes; mais leurs visages grimacent ce rire excité des femmes entre elles. Elles semblent être à l’aise, en tas dans l’air fétide” (7).

(Burkhard 512), she is extremely well-educated about medical science, honing in on the unhygienic (even sadistic) practices of her surgeon as he manually extracts the afterbirth.

J'ai peur, il approche. Sans mettre de gants (j'aurais la fièvre puerpérale deux jours après ; en est-ce la cause ?), il plonge sa main dans mon ventre. Je les perçois au centre de ma chair, ces doigts longs et fins que j'ai vus tout à l'heure sur le boc de viande flasque. Elle fouille, cette main, elle tâtonne, elle essaie d'agripper. La douleur est inimaginable. [...] "Ça ne vient pas. Délivrance artificielle" (238)

In spite of her experience, the narrator optimistically foresees a future where women will be supported and treated humanely by the medical institution: "L'hôpital disparaît derrière moi. D'autres femmes arrivent aujourd'hui arriveront demain, chaque jour, pitoyables, marquées par toute la vie des femmes—et sortiront humiliées, brisées, aujourd'hui, demain, toujours peut-être... Non, pas toujours !" (243). This combination of social critique and call for reform coupled with a celebration of female strength and collective support likely contributed the novel's commercial success as it was published eight times over the course of twenty years.

Even though early examples of hysterographies exist and provide valuable insight into the origins of this corpus, they are still uncommon. It is not until the late 1980s that French writers begin reacting in greater numbers to the century's shifts in birth culture with depictions of pregnancy and birth described from a female perspective. The lived experience of pregnancy and birth is no longer a literary ellipsis reduced to a brief mention of time and place, nor simply a means of achieving legislative change, but rather is a worthy narrative in and of itself. Contemporary narratives of this common, quotidian experience develop a highly personalized dimension, endowing each one with creative potential to refresh and explore new directions in French fiction.

Internal movements: Birth of the female reproductive body in Marie Redonnet's Rose Mérie Rose (1987)

In Marie Redonnet's article, "The Story of the Triptych," she describes her project as the story of her "birth as a novelist," an attempt to say farewell to the "great poetry [and novel] of the nineteenth century," and a means "to build a new literature on still-virgin soil" (112).¹⁷⁷ Her three novels Splendid Hôtel (1986), Forever Valley (1987), and Rose Mérie Rose (1987), were written over a span of a year, and described by the author as a triptych. Within the triptych, critics have observed numerous progressions especially regarding the evolving nature of the female autodiegetic narrators—including an increasing fertility in each subsequent narrator's body. In fact, Redonnet retrospectively describes her characters in terms of their fecundity in the article "Redonne après Maldonne".¹⁷⁸ The trilogy's first novel, Splendid Hôtel (1986), introduces a nameless, middle-aged heroine described by Redonnet as a "sorte d'éternelle ménopausée" who lives a seemingly sterile existence with her equally barren sisters (*déreglées*) (See Chapter 4).¹⁷⁹ In the following novel, Forever Valley (1987), a different protagonist is significantly younger at only sixteen, noticeably underdeveloped and not yet menstruating. Redonnet remarked that "elle n'est pas formée et ne le sera jamais." The final novel, Rose Mérie Rose (1987), is the only work that features a pubescent, fertile,

¹⁷⁷ Redonnet, Marie. "The Story of the Triptych." Ed. And Trans. Jordan Stump. Rose Mellie Rose. Lincoln: University of Nebraska Press, 1994.

¹⁷⁸ Stump, Jordan. "L'eau qui efface, l'eau qui anime : Du triptyque de Marie Redonnet." Helm, Yolande. L'eau: Source d'une écriture dans les littératures féminines francophones. New York : Peter Lang Publishing, Inc., 1995.

Jellenik, C. & Motte W. "Redonnet Redoes." Contemporary French and Francophone Studies. 2006. 10(1): 63-71.

¹⁷⁹ Redonnet, Marie. "Redonne après Maldonne." L'Infini 19 (1987) : 163.

female reproductive body. The twelve-year-old protagonist, Mélie, actually experiences menarche, regular menstruation, and pregnancy, and she directly interacts with contemporary issues facing the fertile, female reproductive body, including the twentieth century shift in birth culture.

Often described as a contemporary fairy tale, Rose Mélie Rose has an ambiguous geographic setting situated between reality and the *merveilleux*, which starkly contrasts with the protagonist's very specific, biologically and socially pre-determined experience of puberty and pregnancy. Several critics consider the fairy tale to be the voice of male-dominated discourses and thus a questionable choice of genre for Redonnet. Yet, two-thirds of literary production in the seventeenth century was feminine.¹⁸⁰ Within this genre, successful women writers such as Marie-Catherine D'Aulnoy openly explores experiences of the female reproductive body in order to educate readers, question the all-knowing realm of medicine, and as Holly Tucker argues, "to use the imaginary worlds of the marvelous to sift through the medical truth claims on which this exclusion [of women from the intellectual realm] was based" (11).¹⁸¹ Likewise, through the ambiguously-situated, dying world of Oat, Redonnet calls into question the future of writing and contemporary birthing practices as she revives and renews the fairy tale genre. With the narrator's experiences and perceptions of her body, Redonnet succeeds in exploring questions of heredity, sexuality, legacy, (pro)creation, and population politics while

¹⁸⁰ Tucker, Holly. Pregnant fictions: childbirth and the fairy tale in early-modern France. Detroit: Wayne University Press, 2003.

¹⁸¹ Tucker observes: "Direct references to pregnancy and childbirth in seventeenth-century fairy tales contribute to the genre's longstanding emphasis on reproduction, sometimes in the same troubling detail as those of their predecessors" (8). She also notes that "in d'Aulnoy's twenty-three tales alone, well over half include reference to pregnancy" (Tucker 8).

exposing the structures that contain the female reproductive body and the discourses that shape it. Rose Mélie Rose thus completes the triptych with a functioning female reproductive body, a newborn girl, and a sense of hope and renewal, making this story of (re)birth(s) (of a child, of a woman, of a mother, of a writer, of a legacy, of a genre, of a project), a birth of a story as well (Rose's, Mélie's, Redonnet's).

Birth of a reproductive body

The female reproductive body's cycles strongly leave their mark on this narrative, announcing both the body and narrative's (pro)creative potential. Just as the reader enters the text, Mélie symbolically enters womanhood with her first menstruation on her twelfth birthday: "A mon réveil, j'ai tout de suite vu le sang sur mes draps. C'est mes premières règles" (12). Her adoptive mother, Rose, has taught Mélie how to interpret and read the bodily signs that signal a young woman's coming-of-age. Initially, the blood on the sheets, not her physical experience (i.e. menstrual pain), communicates to her the internal changes that attest her transformation into a reproductive being. Instead of signaling the loss of her virginity, the blood on the sheets announces her newfound fertility. This symbolic birth of a reproductive being occurs on the same day that Mélie's aging, likely menopausal mother-figure, Rose, retires to the *Grotte aux fées* to die.¹⁸² Thus, when Mélie's menstrual cycle begins, she symbolically and physically replaces her adoptive mother. Mélie openly acknowledges this concurrence: "C'est sûrement un signe que j'ai

¹⁸² Rose's body is minimally described by Mélie, yet she does stress through repetition that "elle était vieille" (9), even though her exact age is unknown. Mélie describes her as blind, "voûtée et toute ridée," and as having white, long hair (11).

mes premières règles le jour de mon douzième anniversaire qui est le jour de la mort de Rose” (12).

Just as Mélie has the potential to be procreative, she demonstrates an innate creativity by crafting the story of her origins. Her adoptive mother, Rose, created the framework of her story shortly after Mélie’s birth. She recounted her discovery of the newborn in the cave, but the story of Mélie’s actual birth remains unknown and details about her biological parents absent: “[Rose] a toujours dit qu’elle n’avait vu monter personne à la grotte depuis plusieurs jours” (10). Mélie insists that she was born “sans rien”: without a name, possessions, or written documentation of her biological origins. Yet, her surrogate mother, Rose, provides her with the framework, tools, and instruction to function and create independently. She begins filling these voids by not only naming Mélie, but nurturing and teaching her to read and write in what Elizabeth Fallaize aptly describes as a “maternal language,” an ancient alphabet.¹⁸³ “Le livre de légendes est le seul livre que possédait Rose. C’est dans ce livre qu’elle m’a appris à lire. Maintenant, c’est mon livre” (9). The story of Mélie’s conception, gestation, and birth are a void that Mélie then must fill in with her own invention in order to build an identity. Mélie elaborates on the story of her origins, making Rose’s story her own by naming her birthplace “la Grotte aux Fées” after a legend in Rose’s Book of Legends (8). This womb-like space sits above the source of a river that serves at once as a locus of fertility and death.¹⁸⁴

¹⁸³ Fallaize, Elizabeth. “Filling in the Blank Canvas : Memory, Inheritance and Identity in Marie Redonnet’s *Rose Mélie Rose*.” *Forum for Modern Language Studies*. 28.4 (1992) : 320-334.

¹⁸⁴ This indirect reference to the womb gestures towards motifs in early modern fairy tales. As Holly Tucker points out : “When not presenting pregnancies in a concrete manner, the fairy tales [of D’Aulnoy,

La légende raconte que les mariés qui vont passer leur nuit de nocces dans la Grotte aux Fées ont un enfant neuf mois plus tard. La légende raconte aussi que lorsqu'un voyageur sent sa dernière heure arriver, il vient se réfugier dans la Grotte aux Fées. Quand il est mort, les fées font disparaître son corps (8)

This cave once attracted tourists reaffirming the importance of Mélie's fantastic origins. With Rose's death, Mélie uses this alphabet and sacred place to inscribe her genealogy its walls, proving herself as a writer of origins: "Sur la paroi, j'ai gravé son nom et le mien aussi. Et puis je les ai reliés. C'est écrit Rose et Mélie sur la paroi de la grotte " (11).

While Mélie describes her origins and life in the Hermitage as fantastic, her physical experiences remain human and dominate the narrative. Mélie's body's inner movements prompt the first step in her cyclical, symbolic and literal movement between nature (the Hermitage) and civilization (the nearby city of Oat). According to Rose, the biological event of menarche holds specific social significance to Mélie by marking her introduction to society, a formal "coming out": "Elle m'avait dit que le jour où j'aurais mes premières règles je devrais quitter l'Ermitage" (12). As a narrator, Mélie focuses more on her body's inner workings and comfort than outward physical appearance, especially relating to her reproductive nature. Instead of describing her perception of her appearance, she communicates the observations of onlookers. At the Hermitage, for example, Rose noticed Mélie's developing body and predicted her first menstruation was near: "Elle le voyait à mon corps qui s'est beaucoup développé en un an" (12). Mélie does not recognize these transformations herself and she relies on an external perspective: "Moi, je n'ai jamais vu les signes" (12). Overall, Mélie offers very little description of

for example] make frequent metaphorical references to the womb in their depictions of lush gardens, mysterious caves, seashells, and pearls, as well as other dark, enclosed, but richly fertile, spaces" (Tucker 9).

her own body as a whole, focusing mainly on her sensorial experience. In fact, the reader does not know even the most basic details about her physical appearance (face, hair, height, features). The narrative thus privileges the perceptions of internal changes over external ones.

Throughout her journey to Oat, Mélie lends much attention to the physical experience of menses such as her “mal de ventre” and “culotte mouillée”: “Les règles, c’est douloureux et inconfortable, encore plus quand on a une longue marche devant soi” (16). Her descriptions fixate on the physical experience of menstrual blood and her stomach, ignoring her overall physical appearance: “Dès que j’ai repris la piste, le sang a recommencé à couler” (17). As Mélie travels, she meticulously conveys impressions of the flow of her blood and the stains on her underwear and dress that physically announce her reproductive potential and literally mark her path towards Oat. Mélie’s world previously existed beyond the grasp of modern society, a place where she is not subjected to a historical intolerance of this leakage characteristic of the Kristevian abject body. Instead, it is a sign of power, announcing her reproductive capabilities. Mélie, while inconvenienced by the physical discomfort, does not know to contain this leakage according to societal conventions.

Before Mélie arrives in town, her body gains its sexual dimension as its next step towards reproduction. Mélie perceives the loss of her virginity as a natural progression into adulthood: “Et maintenant que j’ai eu mes premières règles et que je ne suis plus vierge, je suis une jeune fille” (23). An encounter with a truck driver represents a moment of physical change and serves to relieve her menstrual pain. Throughout her description

of this experience, she describes her reproductive body: “La douleur au ventre s’est calmée” (20). Mélie is hyperaware of the presence of her blood on his hands, on her dress, and on the new truck’s upholstery. Her reproductive status is confirmed by the truck driver as well, who observes that sexual contact during menstruation is the best time because this encounter cannot be a ‘reproductive’ one: “En même temps que mes premières règles, c’est le meilleur moment” (20). While this liaison serves to symbolically promote her passage into womanhood (as well as her passage into Oat), the truck driver concludes that it will not result in a pregnancy. Indeed, the blood of her torn hymen remains indistinguishable from her menstrual blood, suggesting the coexistence of the sexual and reproductive body. Still, her loss of virginity is important and leaves its mark on the upholstery of the truck, just as it had on her sheets. Mélie knows how to interpret this sign of physical change from Rose’s teachings. Her body writes her experience and creates a permanent souvenir that will not be washed away.

Civilizing the female reproductive body

Mélie’s journey into the “civilized” city of Oat exposes her to the artificial constructs of society that separate her physical, material existence from her public one. When she arrives in Oat, the truck driver reminds her to go to the town hall: “Tous les arrivants à Oat doivent s’y présenter” (22). Mélie must “officially” establish her identity, marked by an identity card, a photograph, and a medical visit in order to function within the town’s system. Just as her period (*ses règles*) defines her as a young woman, she must register in order to be acknowledged and “*en règle* avec la mairie” (31). This word play

on “*règles*” is also suggestive of the well-defined set of rules to which a female reproductive body must abide. This registration and artificial creation of an identity illustrates how births and deaths are recorded in a social context: “Mademoiselle Marthe dit que Rose doit être inscrite dans le registre des décès comme j’aurais dû être inscrite il y a douze ans dans le registre des naissances” (35). Rose had taught Mélie about the artificial nature of this record keeping: “Elle a toujours dit que ce qui compte, ce n’est pas que je sois déclarée à la mairie de Oat, c’est que je m’appelle Mélie” (10). Mélie realizes that these bureaucratic facts are not performative, the body’s existence or inexistence does not rely on the completion of bureaucratic documents, nor does the issue of an identity card create one’s identity.

Even though Mélie initially complies with the city’s rules in order to function in society, she does not always abide by them. When she unsuccessfully attempts to declare Rose’s death, she does not pursue the matter: “Mais moi, je préfère que Rose ne soit pas enregistrée dans le registre des décès de la mairie de Oat. Ça ne l’empêche pas d’être morte” (51). Ironically, when Mélie later functions as a temporary replacement for a civil servant in the town hall, she finds herself filing paperwork to “officially” declare births and deaths. Yet, she transgresses rules on several other occasions in favor of the tradition established in the Hermitage, refusing to record both Nem and Mélie’s deaths : “Je ne veux plus m’occuper de l’état civil” (91).

Reproducing mothers

The sterile world of Oat starkly contrasts with Mélie’s newfound fecundity and provides her with a variety of potential replacement mother figures, even though the

women are at later stages of the life cycle and none are biological mothers.¹⁸⁵ Mademoiselle Marthe, one of the remaining sterile citizens of Oat, replaces Rose as a mother figure. She initiates Mélie into life at Oat adopting typically maternal roles such as taking over where Rose left off, officially providing Mélie with a surname, or rather, a number, 3175 (35). Once trained to be a school teacher, she also encourages Mélie to continue her education and teaching her how to write and read the “new alphabet,” through a series of self-designed instructional brochures (37, 54, 57). One of her projects is to re-open Oat’s library in city hall, eventually translating the books from the ancient alphabet to the new one to encourage reading.¹⁸⁶ Because of Mademoiselle Marthe’s tutorage, Mélie becomes a professional writer, transcribing letters of complaint for fishermen (94, 107).

Mademoiselle Marthe’s maternal aspirations are reflected in her professional goals, when she becomes mayor (*le maire*) of Oat, a homonym with the French word “*la mère*”, as Gill Rye observes.¹⁸⁷ During the election, she campaigns to repopulate the island: “Le repeuplement de Oat est le grand axe de sa campagne électorale” (74). Yet, her own exploited, overly sexualized body is incapable of reproducing, strongly contrasting with Mélie’s own fertile body. Mademoiselle Marthe serves as a perverse

¹⁸⁵The island of Oat suffers from flooding and its inhabitants are lured by the promises of a better life on the continent even though it is plagued by contagious diseases. For fear of this contagion, all outsiders must have a medical examination. The city is unwilling to admit young individuals, claiming that there is no place for them, eliminating the possibility of future repopulation. Mélie confirms Oat’s depopulation problem and remarks, “c’est toujours des très vieux qui meurent. Il n’y a pas de naissance ni de mariage” (73). Thus, the barren island starkly contrasts with the sea (*la mer*) that surrounds it, which is a symbol of fertility.

¹⁸⁶ This large number suggests the multitude of women who have had Mélie’s name, already reaffirmed by her encounter with another mother figure, an older Mélie.

¹⁸⁷ Rye, Gill. “Time for change: re(con)figuring maternity in contemporary French literature (Baroche, Cixous Constant, Redonnet).” *Paragraph* 21.3 (1998): 354-374.

One might add to Rye’s observation, by remarking that the homonym “le maire”/“le mère,” a masculine form of the mother, who would have to be sterile.

version of Rose, embroiled in bureaucracy and involved in the sexual underworld of Oat. Despite an obsessive dedication to bureaucracy, she transgresses rules like age-limits at functions, inviting Mélie to Sunday tea dances at the Continental where Mélie learns about and participates in a perverse version of sexual education by engaging in excessively promiscuous behavior in the dancing hall's bathroom. In spite of Mademoiselle Marthe's plethora of sexual encounters, she never conceives a child. She offers Mélie a provocative, figure-hugging, red velvet dress that she supposedly wore in her youth in order to seduce men. This sexually charged maternal gift contrasts sharply with Rose's gift of the Book of Legends. Mélie ultimately rejects Mademoiselle Marthe's sexual behavior in the basement toilets of the building (a lowly, filthy setting for copulation), in favor of another mother-figure, an old Mélie.

This older Mélie reinforces the reproductions of mother figures in this world and sharply contrasts with Mademoiselle Marthe and Rose. Upon meeting Mélie, the older Mélie mistakenly calls her Rose, prompting her to realize how indistinguishable people and places in Oat can be.¹⁸⁸ In fact, Mélie uses the same adjectives to describe the older Mélie and Rose's hair ("longs," "blancs," et "défaits") and comments that their similar trembling hands and blindness (77).¹⁸⁹ This aging woman suffering from cataracts and an ever-increasing memory loss appears to be quite old and in declining health (42). Upon meeting her namesake, the younger Mélie reflects further on the numerous reproductions around her. She provides more positive guidance to the younger Mélie and offers her a white dress, thus contrasting with Mademoiselle Marthe's provocative red dress. Her

¹⁸⁸ This is one of the many occasions that Mélie is mistaken for someone else. See also p. 50.

¹⁸⁹ "Rose, je la confonds un peu avec Mélie" (50).

opinions also serve to counter Mademoiselle Marthe's especially concerning Oat's depopulation: "Mademoiselle Marthe veut croire que le dépeuplement n'est pas irréversible. Mélie dit que c'est irréversible" (74). The older Mélie strongly identifies with the sea (*la mer*), relating her to the mother (*la mère*), even though she does mention children. Although Mélie does not describe this woman's body, her existence helps to exemplify the reproductions in Oat.

In spite of its largely sterile population, Oat is overrun with various alternate forms of reproduction strangely reminiscent of human reproduction. As Jordan Stump observes in his article "Separation and Permeability in Marie Redonnet's Triptych," people, places, and things in Oat also "reproduce themselves" and simultaneously "display singularity."¹⁹⁰ Numerous people, places and "things" share names, resemble each other, but remain unique. For instance, the older Mélie eventually cannot distinguish Mélie from Rose—a Rose who may or may not be the same Rose of the *Grotte aux Fées*. Experiences and settings are at once common and distinctive (for example, Yem and Mélie's birth stories (40)). Mélie works to make Yem's cabin in the *Reine des Fées* similar to her *Grotte aux Fées*: a repetition with unique characteristics. She also produces a written reproduction by carving their names in the walls of the boat's cabin, leaving a record of who has been there and uniting the two in writing, just as she will later write on the walls of the cave.

¹⁹⁰ Stump, Jordan. "Separation and Permeability in Marie Redonnet's Triptych." *French Forum* 20.1 (1995) : 105-119.

In this article, Stump meticulously cites the dozens of repetitions that I will not reproduce here (pun intended).

Although Mélie has seen her own body in reproductions like photographs, she does not describe them and feels the reproduction is artificial. A photograph is initially taken to be attached to her identity card, securing her image to her name. Yet, she cannot accept that it resembles her: “Je me suis regardée longtemps. Ce n’est pas du tout pareil que quand je me regarde dans le miroir” (47). The photographs in *Oat* are never identical and only slightly resemble the original.¹⁹¹ Many of the twelve photos that Mélie takes of herself actually are blurred or picture her partially hidden, as though her body refuses to be fixed in a static image. Mélie rejects these seemingly unsuccessful reproductions that are not biological. Even though she realizes that “Une photo, c’est toujours ressemblant”, the image that she sees is artificially fixed in time and space, while her body is in a constant state of fluid change (48).

Likewise, Mélie mistrusts reflections in mirrors, which leads to a mild identity crisis: “Les miroirs sont trompeurs. A force de regarder le tableau de Mélie et de me regarder dans le miroir, je finis par tout confondre. C’est comme pour les noms. Parfois je ne sais plus qui est Mélie. Mélie, c’est moi. Il ne faut pas que je l’oublie” (94). Mélie does not perceive her corporeal self as a whole body with a fixed identity, instead she leads a fluid physical experience with an ever-changing body and continuously developing identity. Even when Mélie tries on Mademoiselle Marthe’s red dress, she notes its tightness, not how she looks in it, and concludes that her body must be more

¹⁹¹ Among these photos : Photo of Rose at Nem’s house (28)(“ Rose vieille ne ressemblait pas du tout à cette photo ”), Rose at Mélie’s house (43) (“Mais cette photo ne ressemble pas à celle qui est dans le couloir de la maison de Nem ”), “ Mélie à douze ans ” (47)(“ Ce n’est pas du tout pareil que quand je me regarde dans le miroir ”), “ Mademoiselle Marthe dans sa robe... ” (56), Nem “ coupé parce qu’il a bougé pendant la photo ” (62), “ l’Hôpital de Mélie ” (75), “ La Reine des fées ” (87), “ la maison du photographe ” (99), “ Yem et Mélie ” (108), “ le bungalow bleu de Cobb ” (111), “ L’avant de la Buick et Yem et Mélie invisibles sur la banquette arrière ” (112), “ le grand tableau blanc de Mélie ” (117), “ Mélie photographiée par Yem ” (120).

developed than Mademoiselle Marthe at twelve: “La robe me serre un peu trop. Mademoiselle Marthe dit qu’elle a été formée au même âge que moi. Mais je dois être plus formée qu’elle ” (59). Secondary characters confirm the ever-developing nature of her body and only offer commentary relating to her developing reproductive nature: “Le chauffeur m’a dit que pour douze ans je suis bien formée. C’est déjà ce que m’avait dit Rose” (20).

Mélie and Birth culture

Following these initiations into society, Mélie is introduced to the world of the clinic and contemporary birth culture. After numerous sexual encounters, a pregnancy by her husband, Yem, proves Mélie’s fertility. Unlike previous sexual liaisons that Mélie explicitly recounts, this experience is excluded from her narrative, privileging it over all others. As Fallaize remarks, Mélie’s story of her child’s conception thus remains in the unknown, and retains a mystical, fantastic dimension.

In spite of the maternal figures available to Mélie, none could actually instruct her on or provide her with narratives of biological motherhood. Rose’s teachings did not include reading the signs of pregnancy as they had with menarche. Mélie’s instruction on reproduction thus comes from her first mandatory medical visit that introduces her to medical discourses on the female body. Since she had recently reached menarche, she receives a brochure explaining the life cycle. Mélie immediately remarks the generic nature of this widely distributed narrative that has no specified author, unlike Mademoiselle Marthe’s instructional brochures on reading: “On m’a remis une brochure d’information sur le cycle et la fécondité. La brochure n’est pas signée. Ce n’est pas

rédigé par mademoiselle Marthe, ce n'est pas du tout rédigé dans son style" (76). Mélie attempts in vain to identify the author of this "story." Still, Mélie learns from this anonymous, impersonal source and thus correctly interprets the signs, meaning the tardiness of her period:

J'ai du retard dans mes règles. J'ai toujours été parfaitement *réglée* depuis mon départ de l'Ermitage. Et voilà que pour la première fois j'ai du retard dans mes règles. J'ai relu la brochure qu'on m'avait remise au dispensaire. C'est écrit que lorsqu'on a un retard dans ses règles il faut aller tout de suite consulter au dispensaire (122)(my italics).

Life at Oat has instructed her on her body's sexual functions but not on reproduction, which she learns from yet another brochure. This need for a framework, or story, to explain her experience accentuates and exemplifies how the medical institution shapes the understanding of one's own body.

Mélie's experience at the clinic is characterized by impersonal interactions with a nameless medical staff and a series of generic medical brochures at Oat's clinic that confirm the physical reality of Mélie's pregnancy. She is examined by the nameless third person singular or plural "*on*," highlighting and implicitly critiquing the detached, impersonal nature of this intimate medical examination. Her naïve tone and approach to the information exposes the superficial nature of these explanations that will shape how she lives her pregnancy.

Au dispensaire, *on* m'a examinée, *on* m'a fait des analyses. A la fin, *on* m'a annoncé que ce n'est pas un simple retard dans mes règles, mais un véritable arrêt. Ça veut dire que je suis enceinte. *On* m'a donné une nouvelle brochure où tout est expliqué sur ce qui se passe pendant les neuf mois de la grossesse. Neuf mois, c'est long. Je lis et je relis la brochure. Je veux tout comprendre. C'est la première fois que je suis enceinte. C'est bien plus important que la première fois où j'ai eu mes règles (122) (my italics).

No one provides Mélie with a narrative of a lived experience of pregnancy and birth. Instead, they provide her with a third brochure to prepare her for delivery (129). While she abides by the prescribed prenatal care, she refuses to deliver her child in the confines of a sterile, white hospital: “Je n’irai pas accoucher au dispensaire dans la chambre blanche qu’on a préparée pour moi. J’irai accoucher à l’Ermitage. [...] Le règlement veut que j’aie accoucher au dispensaire” (130). She goes against the “*règlements*” that are constructed to manage her body (130). Mélie resists a birth in the clinic that would result in a predictable, generic narrative, like those described in the brochures. Instead, she returns to her own birthplace, thus choosing a natural ‘homebirth’ at the *Grotte des Fées*, a place where she can create her own birthing story. Mélie is aware that the medical establishment and society will view this choice as dangerous and discourage her strongly: “Je ne l’ai pas dit au brocanteur. Il m’en aurait empêchée” (129). Still, she favors a location rich in meaning and history over a place of sterility and artificial constructions.

Once again, Mélie’s inner movements, her contractions, precipitate her cyclical voyage back to the Hermitage. During her voyage, she exhibits an increased awareness of her body’s experiences, as she describes and acknowledges her perfectly normal pregnant body. When she nears full term, she only briefly describes the movement of the baby within: “Plus je montais le sentier, plus je sentais bouger dans mon ventre” (131). The physical experience is entirely internal as she prepares for the birth by rereading the educational brochure, which she appears to rely on heavily for guidance: “J’ai relu une dernière fois ce qui est expliqué dans la brochure. Tout est bien expliqué. Je n’ai pas peur. C’est bien ici que je devais venir accoucher” (131). While Mélie accepts the

guidance of the brochure's written story of birth, she rejects the final intervention of the medical institution, allowing her experience to remain at once natural and fantastic. Although her gestures are technical, she still recounts her experience like a fantastic story, with the birth coinciding with the zenith. Words do not appear to aptly describe this experience, which is lacking from the narrative.

Quand j'ai senti les premières douleurs, j'ai rangé mes affaires dans mon sac et je suis montée jusqu'à la grotte. C'est dans la grotte que je veux accoucher. Les douleurs ont duré toute la nuit et tout le matin. A midi, quand le soleil est arrivé au zénith et qu'il est entré dans la grotte, j'ai été délivrée. J'ai tout fait sans m'affoler comme c'est expliqué dans la brochure. J'ai fait tous les gestes dans l'ordre, jusqu'au cordon que j'ai coupé moi-même. Toute seule dans la grotte, j'y suis arrivée (132).

Mélie chooses to birth alone in the womb-like space of the cave thus creating her own tradition—birthing at her own birthplace—before she returns to Oat to die. Unlike Rose and the voyagers of the past, Mélie will break with tradition and render the cave uniquely a place to birth, not die.

Although the triptych ends with a fertile, reproducing body, Mélie's body is far from ideal because it releases fluids in the wrong places. After birth, she discovers that she cannot nourish her child—perhaps because she does not know how to breastfeed: “Je n'ai pas de lait. Pourquoi est-ce que je n'ai pas de lait?” (133). Instead, she hemorrhages, presumably from complications during childbirth, likely because she did not know how to deliver the afterbirth—a medical procedure that would have been excluded from the brochure's descriptions. Her choice to birth at home could have succeeded had the brochure not omitted this vital information, or had she heard a personal story of birth. Ultimately, her body, like the town of Oat, floods and is unable to contain its lifeblood.

Even though Mélie succeeds in procreation, she is physically unable to continue and carry out her existence as a mother.¹⁹² Nevertheless, she sets the stage for her daughter, Rose, to succeed, providing a name, story of biological origins, pictorial history in the Book of Legends (“mon livre de légendes avec mes douze photos à l’intérieur, c’est mon cadeau pour Rose” (133), and inheritance (a medley of personal possessions given to her by her surrogate mothers) —that which Mélie did not possess at birth. As Jordan Stump points out, the birth of Rose represents the first time in the triptych that “la narratrice crée “quelque chose” qui durera, qui aura un avenir, qu’elle pourra nommer et dont le nom gardera le souvenir d’un passé” (L’eau 107). Presumably, her daughter’s birth will not be documented in Oat’s public records, allowing her daughter to form an identity free from society’s confines. Her daughter Rose represents a future generation that will remember the past.

Thus, in Rose Mélie Rose, the cyclical characteristics of the female reproductive body materialize in its content, structure, and form. Just as the narrative captures Mélie’s experiences of bodily changes spanning from the onset of the menstrual cycle to her pregnancy and delivery, multiple elements of the narrative cycle themselves. The settings also cycle as Mélie travels from the Hermitage to Oat, back to the Hermitage finally back to Oat. Even the plot is influenced by the cycles in Mélie’s body: menses stimulates her passage into society, womanhood, as well as her development into a writer and creator. The story cycles with and around the narrator’s (pro)creative body as Mélie’s body develops, her story develops. While her biological creation (fetus) gestates, she works to

¹⁹² Surrogate mothers like Rose, Mlle Marthe and the older Mélie also die in this fantastic world.

complete her photographic additions and written inscriptions (in both the new and ancient alphabet) to the Book of Legends. Her cyclical contractions bring her back to the Hermitage. The title, Rose Mélie Rose, suggestively cycles as it documents a series of mothers and daughters, births and deaths (Rose mothers Mélie, Mélie mothers Rose). Birth and death occur nearly simultaneously between mother and daughter, reflecting the life cycle. Mélie herself inscribes her daughter's genealogy, "Rose Mélie Rose," into the walls of the cave—writing a story of reproduction and motherhood. This *mise en abyme* allows the reader to experience a cyclical feeling, as the title, the first words read by the reader, reappears at the end of the book.

These cycles of creation and procreation are essential to the understanding of Redonnet's larger project with her triptych as well as the story of her "coming to writing". Within the triptych, the female reproductive body gains fertility and literacy and culminates in the creation of a baby, legacy, and book: "Each of these three narrators is in a way a metaphor for the writer that I am: a writer trying to build a body of work upon the end of a literature, upon the lost utopia of a generation, upon a society in crisis, and at the same time upon a History that must be reinvented" ("The story" 113). While Mélie does not represent a successful version of Redonnet's vision of a woman writer, she has renewed the fairy tale genre, created a history, and made the first steps towards this ideal, exposing the female reproductive body to a public sphere and daring to forge a place for it in contemporary French fiction. If within the hopelessly sterile environment of Oat, Mélie can succeed in creating her book and a future generation to receive and learn from it, then perhaps there is also hope for renewal in French fiction.

Like Redonnet's project, a fully functioning fictional female reproductive body is not entirely achieved in Rose Mélie Rose. As the earliest novel in my corpus, it expresses how the female reproductive body begins to figure and be perceived in contemporary French fiction. Although influential and prominent throughout the narrative, Mélie's body is perceived only through her own sensorial experience. Mélie's naïve perspective exposes the bureaucratic, social, and medical discourses that create, manage, and shape the female reproductive body. That said, the study of her personal perception of this body overcomes the clinical, medical perception and exposes the external influences that construct it. Through an implicit critique of the clinical birth culture that distributes medical knowledge through impersonal brochures, Redonnet challenges how French/Western culture perceives and homogenizes this experience. With Rose Mélie Rose, Redonnet firmly establishes that all reproductions, biological and other, are unique (pro)creations—each slightly different in spite of themselves and worthy of careful consideration and appreciation.

Likewise then, one could conclude that written, fictional creations by contemporary authors, need not be dismissed as copies or repetitions of material of the past in tired genres. Instead, contemporary fiction might be viewed as personal creations, unique because they are born out of different individuals and times. Thus, in a sense, Rose Mélie Rose announces the aims of the hysteroographies of the late 20th and early 21st centuries and foregrounds future works of fiction that write reproductive experiences that are even more vivid and central to the narratives as they consider literature's and our future.

The incestuous childbearing body in Christine Angot's Léonore toujours (1993) and Interview (1995)

J'ai un enfant dans mon corps.
Mon corps qui normalement ne
fait presque rien. C'est le grand
jour de mon corps
(Interview, 103)

In the nineties, as the birthing body gained visibility in the public sphere, its representations in French fiction became increasingly subversive. Authors began exploring new ways of writing the lived experience of childbirth, while more aggressively challenging the ways the birthing body was traditionally portrayed and perceived. Shirley Jordan observed that French writers seemed to be “seeking out the hidden and making it exaggeratedly public [...] questioning the public/private dichotomy” (150).¹⁹³ Indeed, this previously “hidden” body spills over the written page from a first-person perspective, seemingly unrestricted by any notion of taboo. Protagonists need not experience their birthing bodies “normally” and seem, on the contrary, to embrace their “abject” nature. Writers, like Christine Angot and Marie Darrieussecq, pushed this body beyond metaphors of the past, disrupting society's perception of conventional parent-child relationships and resisting homogenizing medical models of birth. Through their writing, these authors seek to give voice to the birthing body's experiences and perceptions.

¹⁹³ Jordan, Shirley & Raymond Kuhn. “Introduction.” French Cultural Studies. 18. (2007): 148-152.

Christine Angot stunned the French public with her open declaration of consensual incestuous relations as an adult with her estranged father in the mid 1990s.¹⁹⁴ Through the use of what critics dub autofiction, a categorization that Angot vehemently rejects, Angot's works often force the reader to reflect on the tenuous line that divides reality from fiction and private life from public life.¹⁹⁵ As Marion Sadoux observes: "Angot has established herself firmly as a writer who has made it her mission to explore and expose relentlessly the thin line between reality and fiction" (Contemporary 171).¹⁹⁶ Autofiction or not, Angot's works unveil seemingly intimate scenarios that alter not only how readers receive and view her oeuvre, but how the public perceives her as a writer and mother.

In both Léonore, toujours (1993) and Interview (1995), Angot writes explicitly about the body during childbirth from the point of view of narrators named Christine.¹⁹⁷ With these works, reflection on the birthing experience is frequently juxtaposed with Christine's memories of incestuous relations. As Gill Rye observes, Angot inscribes "the

¹⁹⁴ Angot's first published work, Vu du ciel (1990), cryptically refers to a character, Christine, as a victim of incest/sexual abuse, like the young autodiegetic narrator/child/angel. Yet, this incest is made explicit in Léonore, toujours. The publication of her book Inceste (1999) created a media frenzy in France.

¹⁹⁵ Serge Doubrovsky first coined the term "autofiction" in his work, films (1977), to describe a genre between an autobiography and fiction:

"Autobiographie? Non, c'est un privilège réservé aux importants de ce monde, au soir de leur vie,, et dans un beau style. Fiction, d'événements et de faits strictement réels; si l'on veut, autofiction, d'avoir confié le langage d'une aventure à l'aventure du langage, hors sagesse et hors syntaxe du roman, traditionnel ou nouveau. Rencontres, fils des mots, allitérations, assonances, dissonances, écriture d'avant ou d'après littérature, concrète, comme on dit musique. Ou encore, autofriction, patiemment onaniste, qui espère faire maintenant partager son plaisir. "

Doubrovsky, Serge. Fils. Paris: Editions Galilée, 1977.

¹⁹⁶ Sadoux, Marion. "Christine Angot's autofictions : literature and/or reality ? " Women's writing in contemporary France : New writers, new literatures in the 1990s. Ed. Gill Rye and Michael Worton. Manchester : Manchester University Press , 2002. 171-181.

¹⁹⁷ Léonore, toujours. Paris: Editions Gallimard, 1993.

Angot, Christine. Interview. Paris : Librairie Arthème Fayard, 1995.

Although the narrators share the same name, similar birthing experience and doctor named Couderc, I do not consider them to be the same narrator. I believe that they represent different personas of the writer Angot.

birthing body into problematical social contexts.”¹⁹⁸ These two private, corporeal experiences are linked through their traumatic nature and Christine’s atypical perceptions of physical interactions between parent and daughter, which Angot captures in her writing. These works uncover and reject the generalizing discourses that mold society’s ideas about the birthing body, while forcing the reader to acknowledge the discourses that at once produce and condemn the contemporary incestuous female reproductive body. In a similar move, Angot’s hysteroographies call to task contemporary birthing practices and medical knowledge by directly questioning the medical homogenization of the experience, and overturning common perceptions of birthing itself. Each of Angot’s works heavily experiments with style and form in order to find ways to articulate the experiences of the incestuous birthing body and the limitlessness of maternal creation. By capturing these many literary, social, and medical transgressions, Angot shatters traditional thoughts on writing and the female body, engaging her readers as a strong, distinct force in contemporary French fiction.

Léonore, toujours (1993)

Angot’s Léonore, toujours (1993) appears as a series of journal entries over the course of twenty-three days in which the autodiegetic narrator, Christine, recounts life with her infant daughter, Léonore, before the baby’s untimely, accidental death. While the narrative superficially relates quotidian life and the bond with her newborn, its primary concern lies in negotiating the complicated nature of Christine’s writing to her

¹⁹⁸ Rye, G. “Registering Trauma: The body in childbirth in contemporary French women’s writing.” Nottingham French Studies. 45.3(2006). 92-104.

body's relationship with medicine, her child, and father during childbirth and sexual relations, which she perceives as intrinsically-linked. By keeping a 'baby journal', Christine works through her transgressive physical and emotional relationships with her daughter and father, stretching the genre to encompass subversive discussions of her own relationships, fantasies, and experiences.¹⁹⁹ Although Christine's end product resembles less a baby journal and more of a mother/writer's journal, it attempts to capture her traumatic lived experience of childbirth and parent/child love.

Writing the incestuous birthing body

While a baby journal might be expected to begin with a concise, chronological account of the child's birth, Christine's birth narrative is presented in short, anachronous fragments intermittently scattered throughout the entries. These brief accounts of birthing articulated in a mix of complete sentences and staccato-like fragments, are typically juxtaposed with pieces of her equally fragmented incest narrative, illustrating how one experience marks the other. In her first entry, for instance, Christine reflects on writing and her life with her newborn. She naturally associates parent/child relationships with incest and thus psychological trauma:

Je ne veux pas faire d'inceste avec elle physiquement. Mais dans la tête, ce n'est pas possible autrement. Pour moi en tout cas, les autres parents, ça ne m'intéresse

¹⁹⁹ It becomes clear that Christine began her journal in the form of a baby journal, *un journal de bébé* (an informal, intimate journal that would traditionally chronicle the baby's first achievements, growth, as well as health concerns, times of feedings, etc). Initially, Christine distinguishes between her formal writings and her "markings" in this journal: "Comme je disais, je n'écris pas en ce moment, je marque Léonore. Elle s'appelle Léonore. Chaque jour, je marquerai au moins une chose sur elle. Demain mardi elle aura huit mois. A Nice Claudine me disait "tu marques?" en faisant le geste, aujourd'hui première dent, aujourd'hui premier sourire, premier aveu. Je répondais non. A partir de maintenant je marque, un peu trop tard [...] je n'écris plus, quelle libération" (15). See also p. 18. As I will discuss below, her "markings" will become her writings as she progresses.

pas. Demain, mardi, elle aura huit mois. Je le sais, quand elle est sortie, c'était de moi. C'était l'horreur. Auschwitz en mille fois pire. Là aussi, d'après les autres, le rêve, supportable, les médecins et les femmes (14).

She poignantly establishes an unmistakable association between birth and incest, even though she does not divulge the details of her relationship with her father. A few sentences later, upon considering and rejecting the idea of a possible second pregnancy (another idea that she directly associates with her father, "Non, mon père avait bien deux autres enfants" (16)), she again transitions to incest: "J'ai vécu des trucs durs, le pire l'inceste par voie rectale" (16). Here, the juxtaposition of the vernacular word "truc" contrasts sharply with the distancing, yet precise medical terminology acknowledging sodomy ("par voie rectale"), especially in the midst of her seemingly innocuous discussion on her child. Christine's initial (brief) candid admission of incestuous relations is not further elaborated, and the story's details (when, where, why) remain undisclosed to the reader, although its association with birthing is abundantly clear.

Christine's blunt declaration of incest again leads to a brief description of labor, starkly contrasting her personal perceptions with medicine's depersonalized assumptions about this experience. With her narrative, Christine confronts and disrupts the homogenizing, medical narrative of childbirth and asserts the individuality of each delivery. During labor, her past incestuous relations express their long-lasting physical consequences and profoundly mark her perceptions of her body:

J'ai vécu des trucs durs, le pire l'inceste par voie rectale. J'expulse ma merde difficilement à l'accouchement, pareil, Couderc me disait de pousser, moi je faisais le contraire, j'ai le réflexe inverse. Dans l'intimité des W.-C. on n'est pas confronté à ces difficultés, je ne savais pas avant. Donc, Léonore, très difficile à expulser (16).

The medical analogy that likens pushing during the second stage of labor (“expulsion”) to defecation is common in contemporary pregnancy guides including *J’attends un enfant*, and intended to remind the mother how to contract her smooth muscles. Yet, Christine experiences an inverse reflex, defying Dr. Couderc’s analogy and the female reproductive body’s expected biological ‘instincts’. Her experience challenges the norm because of how profoundly her past experiences impacted her body. During delivery then, she is left alone in agony as she attempts to follow a model that is not appropriate for her own body, compounding the trauma of the event.

Perhaps because Christine cannot express a coherent account of her daughter’s birth, she copies a chronological and numerically-based passage from her husband, Claude’s journal, capturing a medical narrative of pregnancy and childbirth that contrasts with her own. Recounted from a father’s perspective, his concise account is limited to scientific measurements and is seemingly unaware of Christine’s trauma.

Lundi 2 décembre 91: on est trois!
 Vendredi 13 décembre 91 : quatorze millimètres !
 Mardi 14 janvier 92 : six centimètres deux
 Vendredi 14 février 92 : dix-huit centimètres
 Jeudi 9 juillet 1992. A une heure dix du matin, Christine me téléphone à Montpellier : elle pense avoir perdu les eaux. Je pars vers une heure quarante, arrive à la clinique Mozart vers quatre heures trente. Le vrai travail commence vers sept heures. A dix heures vingt-cinq, Christine commence à pousser.
 A dix heures cinquante-cinq naît notre petite Léonore ! Elle pèse deux kilos six cent cinquante et mesure quarante-huit centimètres. C’est le bonheur absolu, l’incrédulité, Rachel et André sont là, je passe la journée dans le bonheur à la clinique avec Christine et Léonore (61).

Unlike Christine, Claude can write a cohesive, quantitative, detached account of the pregnancy and seemingly find meaning in medical readings. Claude’s account glosses over the Auschwitz-like terror experienced by Christine. His narrative only coincides

with Christine's in its description of labor, which he perceives as a brief thirty minute delivery. Upon completing his narrative of the past year's achievements, Claude moves forward and looks towards his family's future—a feat that seems impossible to Christine: “Et dire que dans deux mois je commence mon nouveau métier à Montpellier !... Maître de Conférences...Vraiment 92...” (62). By capturing his medically-informed point of view, Christine opposes the two perspectives and accentuates the differences between the standard medical narrative (Claude's) and the lived experience.

Healing through writing

Just as medicine does not have an explanation for her physical experience of birth, psychology has no means of dealing with her experience of incest: “Bien sûr, je ne suis pas encore guérie. Mais il n'est pas certain que je sois incurable” (91). Within the realm of incest, Christine's relations with her father break the mold because they are experienced consensually as an adult, through sodomy. Legally speaking, such relationships, while not condoned by society, do not break any law in France. In fact, most psychological studies of incest do not consider this scenario at all.²⁰⁰ In Judith L. Herman's study, Father-Daughter Incest, she observes: “Outside the scope of this discussion are those rare cases of sexual relations between consenting adults. These instances are frequently cited by pornographers and others who would liberate us all from

²⁰⁰ It is important to note that sexual relations between a parent and consenting adult offspring are not considered illegal in France (nor in the United States). Most psychological studies of incest do not investigate such relations at all.

Herman, Judith L. Father-Daughter Incest. Cambridge: Harvard University Press, 2000.

In fact, as of 2010, France has no law specifically condemning incest. Cases of incest are treated as rape or illicit sexual acts with a minor. In 2005, Christian Estrosi unsuccessfully fought to make incest part of the penal code.

the incest taboo” (4). Yet, instead of being liberated from the incest taboo, Christine is trapped by it and left unable to distinguish between the incest and delivery, communicating her perceived psychological and physical consequences of defying the social laws that separate a father’s body from a daughter’s. In Christine’s case, both experiences are traumatically painful and affect her sexual relationship with her husband: “Mais j’ai encore mal. Il faudra que je demande une infiltration à un gynécologue. La pénétration fait toujours mal” (97).

Through her rewritings of the delivery scene, Christine arrives at alternate explanations for her inverse smooth muscle reflex. She perceives these difficulties birthing as a conscious unwillingness to re-experience a parent-child relationship. Christine inevitably situates her reproductive body as the locus of both socially acceptable, naturally inevitable parent-child bodily interactions and socially prohibited incestuous interactions. She likens two physical parent-child experiences: one that is acceptable and ‘natural’ (birth), the other (incest) that is not. Anatomically speaking, childbirth involves the contact of the child with the desexualized vagina rendering it a privileged, intimate bodily experience between mother and child. Now, instead of associating the birthing experience with her mother, Christine links it to her socially transgressive, physically traumatic and taboo paternal experience. Christine fears physically and symbolically detaching from her daughter and repeating the pattern of incest, enacting her parental “love” sexually.

Pourtant, dans la salle de travail, je l’aurais gardée dans le ventre à vie pour éviter le passage. J’aurais préféré toute ma vie avoir l’air d’un rat qui a avalé un morceau de fromage. Un morceau coincé. Un rat qui a eu trop d’appétit. J’entendais le docteur “c’est un petit brun ou une petite brune” au moment de pousser, je me disais “pitié pas une fille, pas de merde sur ma fille”, je sentais

que je faisais peut-être. En fait je n'arrivais même pas à pousser, avec mon réflexe inversé (47).

Instead of blaming her father, she describes a conscious unwillingness to allow her daughter to exit her body, forcing the doctor to unnaturally intervene and rip the newborn from her womb with forceps. Christine assumes the blame for this medical intervention, which she uncomfortably mentions in yet another brief passage, that leaves a mark on her daughter: “sur la tête, elle avait sa petite cicatrice de forceps, le front plat, les cheveux collés” (33). Gill Rye interprets this inverted reflex as “the physically traumatized maternal body in childbirth, working to retain rather than to expel, refusing its own physiological processes, [that] acts as a telling figure of the psychological wounding of the incestuous daughter”.²⁰¹ Christine still perceives birth as a violent, horrific experience that makes the terrors of Auschwitz pale by comparison (14, 83, 109) (much like her incestuous experience), but she reinterprets this pain as the fear of physical separation, relating it to the subsequent, unbearable separations that come with life (and death) that terrify her: “Depuis, les séparations n’ont pas cessé de se multiplier. Jusqu’au jour où je vais mourir. Je vais parler de choses un peu plus gaies parce que je suis en train de pleurer. Pas sur ma mort, oh non, sur la séparation de mon corps” (33).

Fragments of her birth narrative are also often found among her violent sexual fantasies about Léonore that reveal Christine’s desire to heal from the incestuous experience and resist repeating incest. Immediately following the passage describing her desire to remain pregnant (“un rat qui a avalé un morceau de fromage” (47)), for instance,

²⁰¹ Rye, Gill. “Registering Trauma: The Body in Childbirth in Contemporary French Women’s Writing.” *Nottingham French Studies* 45.3 (2006): 92-104.

Christine envisions a brutal scenario where an adult Léonore exacts revenge on Christine's father:

Elle est née en même temps que la merde, près du trou du moins. Ça ne la déçoit pas, non, mais sûrement que plus tard elle se vengera. Elle trouvera facilement sur quoi. Elle ira tuer mon père, son vrai pépé. Quand elle sera grande, elle ira voir son pépé, elle l'attachera par les couilles. Elle le disséquera, elle lui dira ce que c'est, elle lui fera manger cru. Et bien sur elle le pendra par les pieds pour pas qu'il gerbe. Que ça reste compact. Elle lui fera bouffer sa propre chair. [...] Je lui donnerai l'adresse à Strasbourg. Elle disséquera les organes les plus sensuels de son corps et surtout qu'il ne vomisse pas (47).

In Léonore, toujours, this disturbing passage stands alone in its description of graphic violence and outward hatred towards Christine's father. Yet it illustrates how, with the birth of Léonore, Christine can be avenged/righted, better understand the different types of parent/child love (which she can accept or reject), and begin the healing process. "Depuis qu'elle [Léonore] est là, je comprends mieux mon père avec moi. En même temps, je ne comprends pas " (20). Christine even enacts a symbolic rebirth through her daughter: "Hier, sur la chaise longue, j'avais Léonore avec moi, je la remuais, elle s'agitait. Je l'ai assise sur ma tête, les jambes écartées, sur mes oreilles à peu près. C'était l'accouchement renversé, le contraire du 9 juillet" (69). Just as she gave her daughter life ("j'ai donné la vie" (13)), her daughter can give her back her own, by providing an alternate example of parent/child love. Through this type of uncensored, intimate writing, Christine begins healing and arrives at a realization of her own self worth.

As nearly all of the journal's entries cycle around, relate to, and reflect on her birthing experience, Christine contemplates her ability and difficulty to both create through biology and writing. Writing itself is experienced like the physiological processes of birthing and defecation. Thus, Christine obsessively refers to her writing as

“merde”: “je n’écris plus, quelle libération. L’écriture, quelle merde c’était devenu. Ça l’a toujours été” (16). The experience of pregnancy and birthing prompts Christine’s writings in her journal documenting her daughter’s life, and marks the perceived end of her profession as a writer: “J’ai donné la vie. Ça m’a tuée, j’en avais une seule. Je n’écris plus. Depuis aujourd’hui. Ça, ça ne s’appelle pas écrire, ça s’appelle marquer. Je marquerai chaque jour quelque chose sur elle, au moins une ligne. Il n’y a qu’elle. Que ça. Que ça. Qui m’a tuée” (13).

Yet, Christine experiences difficulty negotiating a perceived mother/writer dichotomy after giving birth when writing loses meaning to her due to the more pressing, time-consuming duties of motherhood: “Lundi j’ai téléphoné à Gérard Bourgadier pour lui dire que j’arrêtais d’écrire. Que les romans et toute cette merde, c’était fini. Que, à côté de Léonore, ça pesait zéro. Je lui ai dit maintenant ce que je fais c’est pour moi, pour nous, à usage privé ” (43). While Christine views writing as a professional obligation (“les travaux forcés” (14)), writing about her experiences with and intimate thoughts about her daughter differs. This kind of writing—a new form of maternal creativity—has a definite purpose, self-admittedly breaks with her earlier written style, and captures an uncensored version of her transgressive perceptions of the mother-child relationship. She repeatedly notes her intended public is limited to her husband, Claude : “Je suis allée voir Claude. Je lui ai fait lire en disant “tu seras mon seul public. Il a ajouté “peut-être plus tard Léonore ” (17). By restricting the number of intended readers, she can compose unrestricted and honestly without worrying about the readers’ responses and reactions to her transgressive thoughts: “Je ne dis pas ça par provocation. C’est un écrit privé de toute

façon. Pour mieux respirer. Je dis seulement: Je comprends l'attirance sexuelle pour son enfant, sa fille, puisque je l'éprouve. Je le dis. J'ai le droit de le dire puisque je l'éprouve " (21).

Christine recognizes that she can be both an author and a mother even though she experienced difficulty 'expulsing' the incest narrative in writing, a type of creative constipation, that parallels her physical problems with birthing. Her physical success delivering Léonore foreshadows her success in writing the incest. Only when she becomes a mother, can she free herself of the incest narrative:

Maintenant, une chose grave. Depuis des années, j'y pense, je me dis "je vais l'écrire un jour ce truc-là", et je ne le fais pas. A *Vu du ciel*, ça aurait très bien pu s'intégrer. A *Not to be* aussi, pourquoi pas ? A *Corps plongés...* et à *Nouvelle vague*, encore mieux. Chaque fois je l'écris et je la raye cette chose. Alors là que l'usage est privé : Voilà. Maman connaissait quelqu'un qui s'appelait Jean Frelin, un homme. Un jour il m'a embrassée sur la bouche dans l'ascenseur, j'avais seize ans [...] (62-63).

Through her journal, Christine draws attention to the public nature of the private experiences of incest, pregnancy, and childbirth—instances where the privileged parent-child relationship is exposed and judged in the public sphere. Accepting and acknowledging her identity as a writer overcomes her need to be entirely connected with the child. Her writing, as intimate, unpolished, and informal as it seems, is a form of self-expression that has a public: "Evidemment tout est vrai. Intime. J'ai décidé de publier mais ça reste vrai" (109). When Christine seeks feedback on her writing from her husband, however, he reacts negatively: "Il n'aime pas ce que j'écris. Pour lui ce n'est pas de l'écriture" (119). Nevertheless, Christine finds strength to counter this criticism through her daughter. She no longer requires his affirmation to recognize the value of her work: "Il me dit "il n'y a pas de composition", heureusement pauvre con. Je ne lui ferai

plus jamais lire” (120). She acknowledges the creative impact of motherhood on her writing: “Depuis elle, la composition est devenue ridicule” (120).

In Léonore, toujours, Angot creates a situation where incest and childbirth are intrinsically related through the body that experiences them. Her narrator negotiates the physical and emotional limits of parent-child relationships in order to achieve a comfort, peace, and freedom in her writing. Once Christine has fully embraced the ability to write and be a mother, she enacts through writing the final separation that she fears the most: death. (Her daughter succumbs to an accident tragically falling off a sofa, materializing a fear foreshadowed at the beginning of the journal).²⁰² The timing of the death coincides too perfectly with her rebirth as a writer to be interpreted literally. Instead, Christine chooses to remove Léonore from the grasp of the reader and keep her for herself--almost as if declaring that from now on, Léonore will be protected from public scrutiny and separate from her incestuous past. (Or perhaps, this move serves to directly refute any claims that this work is autofictional or autobiographical?) As a self-declared, published writer, Christine concocts an ending to her work deliberately facilitating Léonore’s “death” (by not taking her to the hospital), and finally acknowledging Léonore as a separate, independent being. The tragic scene of the infant’s slow death captures the emotion of this loss/separation and celebration of her infant’s life. One may interpret this death as a symbolic triumph of writing over motherhood, but this reading denies Christine’s acknowledgement of her identity as a mother—even following Léonore’s death. Christine will forever be Léonore’s mother, just as Léonore will always be

²⁰² “A trois mois, fatiguée, je l’ai fait tomber de mes bras. Dans l’appartement de Nice, elle a roulé par terre sur la moquette. Elle a hurlé, ça aurait pu être l’hémorragie interne ” (26).

Christine's daughter: "Mais jusqu'à ma mort dans ma vie il y aura Léonore, toujours" (124). Instead of a writer triumphing over a mother, these two aspects of her identity will continue to coexist in her writing.

This deliberate move to extract Léonore from the soon-to-be-published journal also denies the reader the ability to distinguish between reality and fiction, public and private. Critics who aim to read Angot's works as autobiographical find themselves frustrated. (Angot's Léonore, of course, did not die.) In a similar way, Angot plays with the notions of private and public writings. Although her publisher coyly states "bien sûr on appellera ça roman" (105), the baby journal genre, which strictly speaking would be real experiences and thoughts, was, until the 1990s, typically not published. The husband, Claude, rejects the possibility of making this private journal public, because the genre seemingly will not have a public: "Depuis que j'ai arrêté les romans, pour lui, il n'y a plus d'écriture" (120). Nevertheless, Christine asserts the possibility of a writing mother, whose intimate thoughts and emotions can and will be valued and read—even if, as Claude points out, they are not expressed in a traditionally composed manner or seem of little interest to a wider public ("Pour d'autres que moi pas d'intérêt" (120)).

The work's epigraph, a selection from Madame de Sévigné's letter to her recently married daughter, on February 25, 1671, illustrates Christine's perceived inability to write maternal love, a sentiment expressed throughout Léonore, toujours, but also a willingness to try, as well as an homage to a renowned mother/writer: "Il me semble que je fais tort à mes sentiments, de vouloir les expliquer avec des paroles; il faudrait voir ce qui se passe dans mon cœur sur votre sujet." Although Madame de Sévigné's letters were

originally private correspondence to her daughter, they were eventually widely copied, circulated, and eventually published and remain greatly appreciated by scholars today.²⁰³

In the end, Christine discovers the value and potential of maternal creativity, and accepts the alternate forms of biological and written expression that it can adopt. With Interview, Angot again approaches the birthing scene, which this time more distinctly cohesive and less burdened by the incestuous past, while highlighting the physical experience and reexamining interactions with medicine.

Interview (1995)

In Interview, the autodiegetic narrator, Christine, again focuses attention on the female reproductive body and childbirth, as she recounts an invasive interview with a relentless female journalist probing into her story of incestuous relations. Christine prefaces the interview with a brief address to the reader, explaining her need to write about her memory of a recent interview, in spite of its unpleasant nature: “C’était désagréable. Dans ma mémoire elle est quand même gravée. Et tout ce qui est gravé dans ma mémoire, je veux l’écrire” (9). This specific interview, she claims, was never published, but impacted her and deserved to be written. She satirically admits to the modern day writer’s pathetic (masochistic) plight for media attention: “On a besoin de presse. Pour ça on serait prêt à se prostituer” (9). Christine characterizes a rather painful, self-compromising rapport with the press with sardonic comments that sexualize the

²⁰³ Longino-Farrell, Michèle. Performing Motherhood: The Sévigné Correspondence. Hanover: UPNE, 1991.

relationship, setting the tone for the narrative to follow: “Monter à Paris à pied, répondre aux questions à genoux” (9).

Also awkwardly dubbed a novel, Interview takes shape in chapters that alternate between a first-person narrative of motherhood/birth during a recent trip to Italy and the questions of the interview itself. Although titled “Interview”, the interview is depicted as a series of police-like interrogations that Christine conveys through long paragraphs of questions in both direct and indirect form interspersed with brief moments of her own commentary. Unlike Léonore, toujours, this narrator does not directly convey the answers to these questions, forcing the reader to adopt an active role and reflect on their nature in order to discern her implied responses. Although Christine indulges the reader in a concise, chronological account of her incest narrative in the last ten pages of the work, she repeatedly takes moments to attempt to maintain control and address the reader’s anticipated reactions: “Je sais ce que vous allez insinuer” (9,129). Yet, nestled between the invasive questions and incest narrative, Christine forges a privileged place to recount a cohesive, chronological (albeit five part) birth narrative that remains sequestered from the journalist’s probing pen. This birth narrative intently explores and chronicles her body’s lived, perceived experience of a highly medicalized birth in contemporary France.

Telling questions

The interrogative form dominates much of the work, at once echoing the reader’s own anticipated questions and accentuating society’s assumptions about Christine’s experiences. The presentation of the questions on the page implicitly serves to highlight

Christine's critique on their invasive nature. Questions often appear in long lists that convey Christine's point of view. Gill Rye appropriately likens this rapid delivery of questions to "machine-gun fire."²⁰⁴ "Vous aviez quel âge? Ça a duré combien de temps? De quand à quand exactement? Y-a-t-il eu des reprises? Etiez-vous surprise? A-t-on des traces? De quel type? Vous faites allusion à quelle partie du corps exactement?" (11). Many of the questions very obviously prompt specific answers, exposing underlying assumptions: "Portez-vous une culpabilité? Votre écriture est-elle influencée? Auriez-vous écrit sans cela?" (13). (Of course, the journalist is leading Christine to say, "Je porte en moi une culpabilité et mon écriture en est influencée. Mais, je n'aurais pas écrit sans cela.") Questions gradually become statements of the journalist's own reactions: "N'était-ce que désagréable?" (12). Other questions directly put words into Christine's mouth: "Si je me suis dit 'j'en suis capable aussi'? Si je me suis dit 'le cauchemar est fini'?" (36). Christine slyly withholds the answers to these questions from the reader (although she seemingly answers the journalist ("Je suis en face et je réponds" (14)), but reveals the thoughts that they provoke. The journalist also uses an aggressive interrogative structure that only allows for absolutes, irritating Christine: "Hier, Mireille Dumas à la télé, pareil, elles construisent pareil leurs questions: si... ou pas du tout. Laisant le choix, se montrant ouvertes [...] Si j'avais une angoisse à l'époque. Ou alors pas du tout" (15).

Since incest is a physical experience, even when it is consensual, assumptions are made on Christine's body, before, during, and after the illicit relations. Although the interviewer likely has not experienced incest herself, she appears to "know" everything

²⁰⁴ Rye, Gill. "Christine Angot by Christine Angot." Scripps College, Claremont. 22 April 2004. Reading.

about it (“Que ça doit me faire du bien. Que je dois me sentir soulagée” (32)). A previous interview with Catherine Allégret has seemingly informed her on the experience of “incest”—which she assumes is lived similarly by all (24): “Qu’on se douche après paraît-il. Qu’on se douche souvent. Obsessionnellement. Tous les parents, quels que soient les parents” (24).²⁰⁵ The interviewer’s questions establish generic psychoanalytic connections between issues around the female reproductive body, generalizing Christine’s responses as though they do not surprise her. Within this flood of questions, little room is initially left to examine Christine’s own perception of her body, even though the interviewer makes assumptions on this matter’s nature as well.

The interviewer appears aware of psychological studies that identify difficulties with body image in victims of incest, but simultaneously acknowledges that they may not apply to Christine’s case. In one line of questioning, the interviewer expects a change in Christine’s perception of her body and normalizes her experience. With the help of psychoanalysis, society “knows” and “understands” the consequences of these transgressive relations, removing the individuality from the experience and assigning it new meaning. The reader is perhaps unknowingly drawn into this world of generalizations, assumptions, and inferences and finds her/himself complicit in this homogenization, as Gill Rye remarks, “glean[ing] some information about Christine’s ‘incest’ story” (6) and filling in the blanks him/herself. Questions on body image during adolescence are punctuated with the mention of Christine’s incestuous relations (the all

²⁰⁵ In *Un monde à l’envers* (2004), Catherine Allégret alleged that her stepfather, Yves Montand, had sexually abused her as a child. Montand was not her biological father and allegedly abused her when she was very young—not a consenting adult.

telling “cela”) and followed by questions about her childbirth. The interviewer is confident that she knows Christine’s answers before she asks the question:

Que l’adolescence est une période charnière. Que le corps de la jeune fille se transforme. Et avec lui, la vision de ce corps. Les conséquences. Si on se trouve moche. Que c’est normal même sans cela à l’adolescence. Les problèmes de boulimie et d’anorexie. Si on passe par-là. Ou alors, pas du tout. Si c’est harmonieux au contraire. La question de la séduction. Les différentes phases. Adolescence, mais aussi âge adulte, accouchement. Avez-vous accouché normalement ? Aviez-vous peur ? A-t-on envie de tout arrêter ? Vouliez-vous mourir par exemple ? Si je préférerais une fille ou un garçon ? J’avais peur de quoi exactement ? Et quand je l’ai vue ? Elle rit. Qu’à chaque fois qu’elle fait l’interview d’une femme ça ne rate pas. Que c’était merveilleux. Qu’elle a l’impression que c’était différent à la génération de nos parents. Vécu avec plus de naturel tout de même. Ayant réussi si j’étais fière ? Si je me suis dit “j’en suis capable aussi” ? Si je me suis dit “le cauchemar est fini” ? S’il est au courant ? Qu’il est grand-père maintenant ? (37)

In this passage, Christine slips from the use of free indirect discourse from the point of view of the interviewer, to the use of the first person, when she arrives at questions of pregnancy and childbirth. “Vouliez-vous mourir par exemple ? Si je préférerais une fille ou un garçon ?” (37). In this case, this stylistic shift relocates power to Christine, who withholds information about her birthing experience.

Writing “le grand jour”

In the midst of a series of questions discussing her writing (“Qu’au fond j’écris pour les femmes. Que je donne des messages. Ou pas du tout”), the interviewer retires to the café’s restroom and Christine begins composing her birth narrative “[p]endant qu’elle pisse” (91). This bathroom break lasts some time, slyly relating what follows (a detailed, rather lengthy birth narrative) to defecation. Christine’s five-part account of her toddler

daughter, Léonore's birth is distinctly separated in print by italics.²⁰⁶ Angot revisits the physical issues graphically described by the Christine of *Léonore, toujours*, providing a more coherent, chronological, detailed account with additional insight into Christine's bodily perceptions during this experience. As in *Léonore, toujours*, Christine perceives her body during childbirth very differently as a result of her incestuous relations. Yet, this Christine can reflect on her body, once symbolically her father's, as it becomes her own. She does not have difficulty distinguishing between the two experiences. Instead, this Christine embraces every part of her body and lived experience, appreciating the possible perception of her body by her own child, who can share the body from within.

Christine begins the medically explicit narrative of her daughter's birth once again with a memory of the bathroom—however, this Christine associates it with the shower and a period of cleansing: “J’avais perdu le bouchon muqueux en prenant ma douche. Je me croyais mal rincée, la mousse ne partait pas. Le savon s’accrochait à mes poils. C’était le début de la perte. J’étais affolée, Claude n’était pas là ” (92). Before childbirth, Christine perceives the experience according to the medical narrative-- in terms of a series of losses – of her mucous plug, water (ses eaux), blood, and most importantly control : “ Vers une heure j’ai eu envie de faire pipi. Sans pouvoir me retenir. Sans avoir le temps d’arriver aux toilettes. C’était la perte des eaux [...] j’ai perdu le bouchon muqueux ” (92). As in *Léonore, toujours*, this Christine inserts medical terminology into the story of her mind and body's experience and places them next to the popular, juvenile expressions like “faire pipi,” creating her own means of writing Léonore's birth.

²⁰⁶ Many critics, like Hughes, have commented that these pages are Angot's “most autobiographical.”

At the clinic, Christine's account of childbirth grows increasingly vivid and her descriptions demonstrate an acute awareness of her body and its interactions with medical personnel and the biomedical technology intended to monitor and manage it. The myriads of questions concerning incest that preceded this passage leave the reader with a heightened sense of vulnerability and violation as Christine surrenders her body to this monitoring.

Le docteur Couderc est venu me faire un toucher. Claude aurait le temps d'arriver. Que je me rassure. Il riait. Ma mère s'est assise. André est souvent resté dans le couloir. La sage-femme s'appelait Christine. Et disait que si j'avais eu des contractions, je m'en serais aperçue. Que, de toute façon, elle installe le moniteur. Des petites contractions arrivent, elles sont petites et je respire (92).

Despite her physical awareness, her birthing experience is entirely outside of her control and will depend on the medical team's coachings: "Mais il ne fallait pas encore pousser. Le moment viendrait. Christine me le dirait et Couderc" (93). Once the epidural is administered, all power is situated outside of her body. She describes herself helplessly aware of her unkempt appearance and her bodily transgressions from her large size to her flatulence exposed for all to witness. Her sentences become fragmented and choppy, reflecting the flood of physiological memories.

Je dis que la péridurale dépendra de ma douleur. J'étais allongée. J'attendais. Il était là le grand jour. J'étais laide. Pleine de sueur et fière. Le gros ventre, les gros reins, les gros seins, j'avais des pets. Il n'y aurait pas d'autre issue que de la faire sortir (93).

The insistence on the probing examinations by the midwife compares this experience with the medical community to a public, invasive procedure, like the interview.

In the narrative, as Christine's labor slowly progresses, she blends metaphoric language with medical terminology, as if to regain control over and ownership of her

experience. Christine recounts her perceptions and thoughts throughout labor, which liken her body to an increasingly unstable landscape. Like an internal earthquake, Christine's body experiences intense movement that would be followed by tranquility:

“Moto”, le mouvement, “terre”, de la terre, c'était un canon, un mur de pierres, et il fallait le sortir. Il n'y avait pas d'alternative. Je ne pouvais pas lui dire d'arrêter. De se dissoudre. Je l'avais avalé, alors maintenant. Je l'avais fait, maintenant c'était le jour. Tout se passait dans mon corps. Il fallait en sortir. Redevenir comme les autres” (94).

Her personal metaphor helps her to manage the pain of labor. As it endures this tremendous internal movement, Christine stresses an intense bodily awareness, highlighting how she is forced to experience her body fully as she never had before: “Vivre je ne l'avais jamais autant fait. Jamais, jamais, jamais, jamais. Jamais, jamais. Non, jamais, jamais rien. Jamais à ce point” (94). Her perception of her body yields a body fragmented by pain: “Mon corps qui n'était rien, des seins, des fesses, des cuisses, je le tourne” (97).

Ça commence par les reins, si je me rappelle bien, ça gagne le ventre. Quand c'est déjà le ventre, ça va, ce n'est rien, ça va finir, le pire, ce sont les reins. Serrés dans une énorme pince, un très large outil. [...] Christine, régulièrement, met son doigt (95).

In the midst of her pain, she periodically is interrupted by the midwife, who checks her progression. Yet, even this intervention becomes a story of celebrating a body that innately “knows” how to give birth: “Comme j'étais fière de me montrer fatiguée. Capable d'être aussi faible. Que je savais le faire, mettre au monde” (97).

As she continues to write, Christine details the dilation of her cervix and request for an epidural, drawing focus back to the medical interventions as she arrives at a moment captured in Léonore, toujours. As Christine is taken to the delivery room, she

remembers passing other pregnant women, who will share the experience, and yet live it differently: “Partout dans la clinique plein de femmes. Le même jour, plein d’enfants vont naître. [...] C’est le début pour elles. Moi, le milieu. Elles ont déjà mal. Qu’est-ce que ça va être?” (100). However, this narrator describes this experience differently, making no reference to her incestuous past. This narrator likens the desire to retain to her writing—as though writing allows her to relive and recapture Léonore in her womb: “J’aurais voulu faire durer, retenir. L’écrire longtemps, retenir, la garder. Quand j’aurais fini de l’écrire qu’est-ce que je dirai?” (100). Only a reader familiar with Léonore, toujours, would recognize this scene and associate it to her explanation. In the text, this troublesome inability to push becomes simply a part of her birthing experience.

Quand la contraction arrive, Couderc me dit de pousser. Allez, allez, encore plus, plus fort, allez-y, plus fort. J’essaye. Pousser c’est-à-dire ouvrir et pousser, non pas fermer pousser comme vous faites, vous retenez. Faites exactement comme quand vous allez aux toilettes. Exactement pareil c’est simple. Allez-y. On recommence. Il y en a une qui arrive. Allez, allez, allez (101).

Focus heightens on the medical intervention that she experiences as a result of her inability to push. Her perception of her body is acute as it subverts medical conventions and shatters medical metaphors. Christine ironically remarks, “Je ne suis pas une bonne ” (101), as though her body has misbehaved in this birthing process. An episiotomy appears to be a punishment for her bodily transgressions: “Au bout d’un moment : On va faire une petite opération. Piqûre dans la zone. Il coupe ma chair pour l’ouvrir plus. Je pousse mal” (101). In order to hasten the birth, the midwife (Christine), intervenes, physically pushing the baby out : “Christine va vous monter sur le ventre. Elle me monte dessus au moment où ça fait le plus mal. Elle pousse Léonore. Je savais que c’était elle. Elle appuie dessus. On me voit dans un état, trois personnes. Claude, Couderc et

Christine” (102). The severe degree of medical intervention (a team effort) distinctly marks her memory.

Nevertheless, unlike the birth described in Léonore, toujours, this birth narrative is heavily associated with the presence of many people—the doctors, midwife, and even Christine’s mother who is present and positively influences the experience. In the alternating chapters on the Italy trip, Christine reflects at length about this privileged relationship between mother and daughter during birth. Despite the physically unpleasant aspect, the two individuals shared this important day : “A ma naissance elle a perdu du sang et d’autres matières. On s’aimait. On était loin ensemble. On s’est tellement bien connues ce jour-là” (21). With Léonore, she experiences the same mutual love. Christine captures her mother’s participation in the birth, reassuring and coaching her: “Ma mère me disait que ça allait finir. Que maintenant c’était parti. Que si, j’y arriverais ” (93). “Je souffrais, elle me consolait “quand le bébé sera là, tu sentiras te pousser des ailes pour voler” (99). At the same time, she treasures the shared nature of the mother/daughter birthing experience. “Demain, 9 juillet, son anniversaire. Quand Maman disait “le 7 février un grand jour”, ça y est j’ai compris” (97). Even though her mother is not present in the delivery room immediately before birth, Christine quotes her as she describes a sense of control over her experience and celebrates her body’s success in birthing, even as it transgresses the normative birthing model.

J’étais rouge et en sueur. J’étais grosse. J’avais les jambes dans les étriers, écartées. [...] Pousser, la selle, Christine, la contraction amoindrie arrive, à côté Claude debout en blouse verte, et mon corps, mon corps, mon corps. J’ai un enfant dans mon corps. Mon corps qui normalement ne fait presque rien. C’est le grand jour de mon corps (103).

This childbirth becomes a sensational experience that can only be felt by Christine. After she completes the narrative, she expresses how these unique experiences and her body belong to her alone: “Les mouvements de mon corps, personne, autre que moi, ne peut les sentir. Personne ne pourra jamais sentir mon accouchement, mon inceste, ma danse, autre que moi” (122). She imagines that the only person who could possibly come close to understanding her body would be her daughter, who experienced her body from within.

Et que Léonore qui me regarde voit le mouvement incessant des cellules qui se contractent et se dilatent, les influx nerveux se transmettent, le sang circule ainsi que la lymphe, et tous les liquides communiquent. Les poumons s’ouvrent et se ferment, le cœur bat, les viscères broient, transportent, sécrètent, excrètent. Le mouvement respiratoire habite rythmiquement mon corps tout entier. Il est beau, elle en aime la couleur et la texture (122).

The description of her imagined account of her daughter’s experience represents a revised, healthy perception of love between parent and child. Instead of allowing traumatic memory of her past incest with her father pervade the narrative, she privileges this positive, unique experience with her daughter.

This birth narrative completes itself with a sense of comfort, love, and complicity with mothers—even though Claude reacts negatively to it (“ces pages sont moins bien que ce que tu fais d’habitude” (100)). The act of writing the account from her perspective, finding words to describe the experience without censoring details itself is difficult for Christine (“Je ne peux pas faire mieux. Je ne le souhaite pas. Je ne peux pas. C’est trop difficile, mon sujet” (102). Claude critiques her desire to create happy endings (les “fins positives” (127)), prompting Christine to revert to questions of her incest experience. This Christine does not question her status as a writer. It is almost as if, in writing her own delivery, she is delivered from her past and achieves better self

understanding. Christine thus addresses the reader and her/his expectations by writing a coherent, explicit account of her incestuous relations with her father—but on her own terms: “Voilà ce que je propose. Pour les curieux, dix pages suivent, très autobiographiques. Pour ceux que ça gêne, déchirez-les, je les en remercie. Et à la fois... ces pages j’en suis plutôt fière” (129). The implied reader has built his/her own version of the story, now Christine will provide another. While incest impacted her perception of the birthing experience, they are now separate stories in her life. She can now distinguish between her relationship with her daughter and her father. Christine owns both of these experiences and maintains control of them. Even the information collected in the interview remains her own, since the article is never published.

In Interview and Léonore, toujours, examination of Angot’s subversive juxtaposition of her incestuous and reproductive body reveals society and medicine’s assumptions about these personal experiences. Just as Angot’s works seek to “expose relentlessly the thin line between reality and fiction” leading scholars to debate the degree of autobiography therein, Christine in Interview distinguishes between preconceived notions of the female reproductive body and her own perception and experience of it.²⁰⁷ In her writing, Angot’s narrators counter the assumption that all birthing and incest experiences are lived similarly and find fresh ways to write about them, by firmly asserting their positions as productive and reproductive beings. Angot transgresses and rejects generalizing categorizations about the body, making room for different ways of

²⁰⁷ Sadoux, Marion. “Christine Angot’s autofictions : literature and/or reality ? ” Ed. Gill Rye and Michael Worton. Women’s writing in contemporary France : New writers, new literatures in the 1990s. Manchester : Manchester University Press , 2002. 171-181.

understanding experiences. She finds a place in her writing to voice these often silenced experiences. Through her refusal of traditional generic forms and conventionally acceptable subject matter, Angot finds innovative ways to experiment with and express her maternal creativity while challenging her reader to reflect on both literary and biological origins.

Si on se sent importante comme à l'accouchement quand la mère est perdue.
Avant de partir en Italie je lui avais lu de Mme de Sévigné la phrase "jamais la nature ou l'art ne t'offriront de plaisir plus grand que les beaux membres où je fus enclose, qui seront dans la terre" (105).

Exploring the geographies of the pregnant body in Marie Darrieussecq's Le Pays (2005)

Over the course of Marie Darrieussecq's literary career, she has expressed great interest in experiences of the female reproductive body ranging from pregnancy and birthing to motherhood. Her first publication was deemed a *succès de scandale*, Truismes (1996) violently satirized the experience of this body in a dystopic futuristic French society, where the protagonist fails to deliver live offspring (see chapter four). Darrieussecq's initial success with navigating experiences of the female reproductive body is further developed in her later works. In Le Bébé (2002), for instance, her narrator reads Angot's work and also follows in her tradition, reflecting on and charting the mysteries of a baby and motherhood after childbirth in mother/baby's journal form. Yet, Le Pays (2005) stands alone its thoughtful explorations of writing the lived experience of pregnancy. The autodiegetic narrator, Marie Rivière, recounts her move from Paris to her homeland, "le pays," the fictitious country of Youangui, (Bayonne) with her young son, Tiot, and husband, Diego. Subdivided into five sections (Le sol, L'État civil, La langue,

Les morts, and Naissances), the work follows the progression of the pregnancy while investigating questions of origins, language, nation, and writing.

In Le Pays, Darrieussecq experiments with different ways of conveying and expressing the lived experience of the pregnant body. Like Redonnet's work, the narrative is framed by the experiences of the reproductive body beginning with the conception of Marie's daughter (Epiphanie) and book (also 'Le pays') and culminating in her birth and completion of the work, thus reflecting on biological and literary processes of creation. Structurally, the narrative is recounted from two alternating perspectives—one in the third person which observes Marie's life (external focalization), and the other in first person interior monologue (internal focalization), which is distinguished by boldface. The two layers of this novel, seemingly both composed by Marie Rivière throughout her pregnancy, diverge and intertwine, exposing a variety of relationships between the body and the world in which it lives—articulating the perceived pregnancy split. Within these layers, the reader encounters rich experimentation with form in a collage of creations consisting of poetic couplets and popular lyrics to transcribed music, onomatopoeia, and random English expressions. The two perspectives chart a geography of the pregnant body from conception to delivery and explore its experiences and (pro)creative possibilities. At the same time, the two voices capture and reflect on Marie's experience with contemporary birth culture in order to communicate an individual's perception, rather than to call it to task and expose its flaws.

Charting origins

Le Pays discovers several ways to express in writing Marie's shifting relationships to her body and country. The two perspectives are visually illustrated to the reader through the typographical distinction of the boldface print. The articulation of the first person perspective in boldface implicitly prioritizes it over the third person perspective, calling it to the reader's attention. Darrieussecq uses the consistent alternation of the two points of view to communicate primarily the pregnancy split, but also a tear between nationalities and briefly between mother and writer.

Le Pays immediately draws attention to this narrative device by accentuating Marie's perceived physical split in the boldface print, first-person narration and through the use of a modified "j/e." The "j/e" (only used on two occasions early in the text) serves to explicitly reinforce impressions of physical separation from her body.²⁰⁸ Initially, she experiences this split during a jog where she is at once acutely aware of her physical existence and unaware of "ce qui se passait":

Je courais, ignorante de ce qui se passait. Je courais, tam, tam, tam, tam, lentement à mon rythme. Je possédais un corps, solide, en pleine santé. J'ai confiance, il avait porté un enfant, il avait tenu bon dans plusieurs occasions [...] Mon cœur, mes poumons, mes artères. Mes genoux, tendons, cartilages, la ponctuation des articulations (10).

Marie transcribes an acute awareness of her physiological workings and anatomy as she runs until she finally achieves a "runner's high" and feels an actual separation from her body : **"La brulure en fond de gorge, à la base tendre du cou, une médaille chauffée, hah, la bouffée. J'étais suspendue. Tout ce qui courait en moi me tenait debout, me**

²⁰⁸ The third person perspective reinforces this interpretation of the j/e in a later passage: "Il aurait fallu écrire j/e. Un sujet ni brisé ni schizoïde, mais fendu, décollé. Comme les éléments séparés d'un module, qui continuent à tourner sur orbite" (211).

portrait. Je devenais j/e. Avec le même soulagement que lorsqu'on glisse vers le sommeil, j/e basculais vers d'autres zones ” (11). This expression of a physical split is then compounded by a transition into the third person perspective. The omniscient narrator (presumably also the writer, Marie) recaptures this moment from a distance: “Vient un moment—les coureurs le savent—où on ne touche plus terre. On vole. Elle court. Ignorante encore de ce qui se passait ” (14). While both perspectives refuse to immediately communicate to the reader exactly what is happening in her body, they attempt to express a physical experience that is nearly indescribable. The reader only realizes that this scene charts the early stage of Marie’s pregnancy much later in the work. The pregnancy split perceived by the knowingly pregnant, writing Marie, can however be articulated and understood by the reader retrospectively.

The use of the two perspectives and the “j/e” also doubles as a means to emphasize the pregnancy’s parallels to her rebirth as a Youanguai citizen. During the same jog, she decides to move from France to her childhood home in Youanguai, a country that recently declared its independence, altering her political relationship to this space. As she returns to Youanguai on an airplane, the first person narration stresses once again a physical split through the use of “j/e”, to illustrate her physical impression of being torn between two countries that she considers to be home: “**Mon corps a pris une étrange densité: un corps léger qui flotte en halo, et un corps présent, une agitation de molécules, un petit monde dans lequel circulent des avions, des cumulus, des corpuscules... J/e suis ici. J’observerai désormais ma vie par le hublot, hier et demain**” (43). Marie continually struggles to fix her physical location, mentally marking

each location with a cross, as though to secure her existence in one place and to (re)define her relationship to it, just as she redefines her relationship with her own body during pregnancy. These two splits both trigger similar feelings of nausea that Marie initially misreads but eventually interprets correctly (54).

While these two perspectives are usually typographically distinct and separated by a single, centered asterisk (*), on the occasion of Marie's first, initially unrecognized sign of pregnancy, the perspectives unite in the same paragraph, reinforcing the pregnancy split:

Comme je venais de lancer une machine de blanc, assise devant le hublot avec Tiot sur les genoux, tous deux intéressés comme toujours par le spectacle—une ligne droite, à peine ondulée, monte en transparence dans le tambour, et comme par un mouvement de hanche, hop, la masse du linge est jetée de côté, une fois deux fois, ça se met à tourner, le linge se broie, s'emmêle, bruits de tuyauterie pleine et vide—comme elle venait de lancer une machine de blanc la nausée se coula en elle. “Quelle est la date de vos dernières règles?” demandent les médecins, comme si les femmes mémorisaient d'office la routine de leur corps, comptaient en cycles et hurlaient à la Lune au lieu de vivre un temps diurne, celui des agendas, des empereurs romains et du temps de travail—bref, elle n'en savait rien. Il allait peut-être falloir qu'elle s'en préoccupe (39).

The moment that the first-person narrator, Marie, unknowingly experiences morning sickness, the third person perspective ironically comments on medical assumptions about how the female body is experienced and her inability to read the signs. Without any direct declaration, this transition directly reveals or confirms the pregnancy to the reader. These two perspectives alternate throughout the work and reflect the experience of a body that is at once one's self and other. By adopting and alternating the first and third person perspectives, Darrieussecq expresses this complicated perception and thus finds a new technique in writing the experience of pregnancy.

Marie's shifting relationships and discoveries about her body and country are concretely linked with the discovery of a new geography-- her unexpected pregnancy. In a passage reminiscent of Angot's *Interview*, Marie participates in a panel of native writers questioned by local journalists who naturally declare her an "écrivain youanguai de langue française" (58). As Marie is confronted with this new articulation of her identity as a writer, she desperately attempts to determine her pregnancy's origins: "**Bon sang, si j'étais enceinte ça datait de quand?**" (58). Nauseous, she excuses herself to the bathroom to vomit and take the pregnancy test, which is positive.

Dans les toilettes de l'Université de B. Sud, je déballai le test et pissai sur l'embout. Il fallait attendre trois minutes. La notice trilingue suggérait de compter jusqu'à 180. Je fermai les yeux, mais déjà une mince croix bleue m'avait semblé apparaître (59).

She clings to a pregnancy test that indicates physically "where" her body is (in a pregnant state): "**J'ouvris les yeux. "Vous êtes ici" indiquait la croix bleue.**" (60). Her revelations-- both bodily and cultural-- lead to a general feeling of alienation. As Marie returns to the interview, she is barraged with questions about her writing which further destabilize her: "**vos livres sont-ils autobiographiques? Où puisez-vous votre inspiration? Pourquoi un cochon, dans votre premier roman? Parlez-vous youanguai ? [...] La littérature féminine existe-t-elle? [...] Est-ce qu'avoir un enfant a changé votre écriture? A la main ou à l'ordinateur?**" (61). Yet, Marie remains transfixed on determining exactly when and where she conceived, instead of on contemplating her own origins (65). "**De quand datait cette grossesse ? Combien de temps étais-je restée ignorante de cet alevin qui descendait, descendait, le long de mes trompes et parois, jusqu'à trouver le bon endroit, la niche, et se loger dans la**

chaleur ? Combien de temps étais-je demeurée sourde et aveugle, alors que le prodige avait lieu ?” (65). This passage serves to capture Marie’s conscious confrontation with these splits-- her dual nationality (French/Youanguï) and pregnancy (self/other). This narrative technique persists throughout the work (which ends with the birth of her daughter and general acceptance of her two national identities) as a consistent reminder to the reader of this perception of splits.

Inner geographies

The two perspectives work together to chart the geographies of Marie’s pregnancy through extremely detailed accounts of her interactions with the medical world, which draw her attention to her interior and enable her to better visualize it. They often complement each other allowing the reader to draw meaning from their juxtapositions, while filling each other’s voids, as they express the lived experience of pregnancy. Both perspectives reflect on how medical science contributes to Marie’s physical perceptions, but also to the creation of her daughter’s story. Upon learning of her pregnancy, for instance, Marie integrates scientific knowledge of conception and her own perceptions in order to recreate the account of her fetus’s conception and visualize what had transpired: **“Déjà il s’était multiplié, il avait grossi et son coeur battait. Déjà son sexe était déterminé, et la tête se distinguait du corps”** (66). Since Marie does not initially physically experience the child within, science fills the gap in the narrative and merges with her physical experiences:

Six ou sept semaines. Mi-haricot mi-têtard, une queue de crocodile et quatre petites pattes.

Ses mouvements ne lui sont pas encore perceptibles, mais la nausée est comme une mémoire physique, l'omniprésente nausée fait que le bébé ne quitte pas la pensée. Tous les organes sont imprégnés par la grossesse et modifient leur fonctionnement : les processus d'accueil sont actifs nuit et jour. Et l'estomac déborde d'hormones qui ne sont pas, c'est un fait, parfaitement compatibles avec les fonctions digestives (81).

Thus, Marie is able to give meaning to her only perceived sign of pregnancy and describe the imperceptible changes in her body.²⁰⁹ At the same time, scientific knowledge contributes to an increased awareness of the child within, changing her behaviors in order to protect it: **“Mon cœur sautait, je pensais au bébé et m’excusais pour les secousses. Je me disais ma pauvre, tu finiras comme Pablo”** (83).²¹⁰

Like Redonnet's Mélie in Rose Mélie Rose, Marie skeptically confronts the foreign, impersonal, homogenizing nature of the medical manual, although she acknowledges that science contributes to the creation of her own unique pregnancy. From a third person perspective, she expresses guilt referring to the same guide for her daughter as she had for her son, because she perceives the pregnancies as completely unique and different, rendering the manual's gross generalizations of the experience ridiculous:

“A la douzième semaine” disait son manuel de grossesse, *“vous êtes dans une forme olympique.”* Elle l'avait retrouvé dans les cartons de livres. Réutiliser le même manuel, retrouver les mêmes conseils, les mêmes mots que pour Tiot, lui semblait malhonnête. Deux enfants uniques. Deux enfants uniques au monde. Le même utérus, mais pas au même moment, et transporté sous d'autres latitudes, comme un bateau lors d'un autre voyage (116).

²⁰⁹ Marie frequently describes her fetus' development which she projects with the help of information in pregnancy guides: **“Epiphanie. Elle tenait sa tête droite, son intestin était rentré dans sa cavité abdominale, ses jambes étaient maintenant plus longues que ses bras, ses oreilles migraient vers les côtés de sa tête. Elle avait une quinzaine de semaines. Elle était très mignonne”** (121).

²¹⁰ Pablo is Marie's institutionalized adoptive brother whose insanity is linked to his inability to negotiate his identity as a Peruvian and Frenchman.

Yet, initially, these manuals are Marie's only means of envisioning and understanding the process that is taking place within her. Instead of rejecting the information, she integrates her own perceptions, thoughts, and metaphors into the narrative of her pregnancy. Her previous pregnancy contributes to her altered physical perceptions as well (she is more aware of the first movements). Some of her metaphors (fluttering feeling in the womb) echo comparisons commonly drawn in pregnancy guides, like *J'attends un enfant* :

Elle me fit signe comme je montais sur l'escabeau. Dans ce mouvement quelque chose s'inaugura— quelqu'un. Je me tins immobile, perchée ; une fine bulle, immanquable, séparée de moi, distincte du mouvement de mes organes— une bulle, ma fille [...] Le battement d'une aile de papillon, l'effet papillon, ma fille, minuscule créature m'occupant grandement (124).

Instead of rejecting the guides, she incorporates her own interpretations of these physical sensations (in first person) and valorizes the unique nature of this pregnancy with descriptions of her special mother/daughter connection: **“J'avais perçu ses signes plus tôt que ceux de Tiot. “ Parce que c'est ton deuxième ”, disait mon mari. Elle donnait de petits coups pour dire “ je suis là ”, quand Tiot réclamait mon attention inquiète ”** (124). Marie also contributes to the medical/scientific narrative by incorporating and creatively interpreting her own physical perceptions, rendering her personal narrative unique.

Marie's encounters with biomedical technology are depicted solely through the first person perspective. This point-of-view allows her to chart, visualize, and understand her inner geographies, as well as “meet” her daughter. Her choice of first person narration prioritizes the mother/patient's perceptions during this exam, which is typically silenced when faced with the all-knowing technology. While Marie understands the potential traumatic impact of prenatal protocol and procedures, especially during her 22nd week's

ultrasound scan, which detects congenital defects, she taps into them for creative inspiration: **“Officiellement c’était une mesure de piété familiale: cette échographie est cruciale, n’y apprend-on pas, parfois, de terribles nouvelles, des bébés monstrueux mais qu’on aimait déjà? “De mon temps l’échographie n’existait pas”: ma mère n’avait jamais vu un bébé de l’intérieur. J’imaginai déjà la sculpture”** (159).²¹¹ Marie senses how quickly birth culture changes and how this new technology influences a mother’s perception of the fetus. Her own pregnancy vastly differs from her mother’s—who could not view her baby *in utero*.

This lengthy six page narrative of the ultrasound exam recounted from the first person perspective contrasts the technical with the personal experiences of discovering, seeing, and “meeting” the baby within the womb. Marie’s comments underscore the stark, awkwardness of publicly exposing one’s body on an exam table to be scanned and probed, while cherishing the images and sounds of the life moving in her womb that the technology transmits:

Je m’allongeai demi nue sur la table de l’échographe, demi nue au milieu, en chaussettes et tee-shirt. Ça nous ramenait à l’époque où ma mère changeait mes couches. [...] Epiphanie cabriolait pour son quart d’heure de célébrité. L’échographe enduisit mon ventre d’un gel froid et fit circuler le capteur— nous étions dans la pénombre d’un sous-marin, bruits de sonar (164).

In spite of its invasive nature, the exam actually unites three generations and provides an opportunity for the mother(s) to see and hear the fetus within, which is critical in creating the fetal subject. Marie participates in translating the pixilated images and magnified sounds into metaphors that articulate her perceptions of her pregnancy.

²¹¹ This comment demonstrates how Marie envisions her mother, a sculptor, also being creatively inspired by biomedical technology.

Puis je l'entendis d'un coup, ma fille, dans la friture et le clapot. Epiphanie. Epi-phanie. Son Cœur battait. Petit poisson parmi les baleines. Et par-dessous il y avait mon Cœur, deux fois plus lent comme il est normal. Marie, Marie Rivière. Moi, et pas ma mère. Et sur l'écran elle est là, ma fille. Un profil surgi, immanquable. Un petit nez mutin, une bouche adorable... (165).

The two beating hearts concretize the existence of two bodies in one, which Marie likens to an inner fishbowl-like geography. Sporadic interruptions by the technician punctuate and reaffirm the medical dimension of the narrative and contrast sharply with Marie's own perspective.

**Le capteur glisse le long de mon flanc gauche. L'intérieur de mon ventre est un univers noir et blanc, floconneux, mouvant.
--Il bouge, dit l'échographe.
Elle enduit de gel une sonde vaginale et m'embroche ; heureusement ma mère a les yeux rivés à l'écran. Un coup à droite, un coup à gauche, la sonde distend mon fond. Je me concentre sur ma fille. Quelqu'un se colle à l'écran comme derrière une vitre [...] Un squelette au fond de l'eau comme dans les aquariums, une malle à trésor dont l'ouverture fait des bulles ? Au milieu des poissons rouges, ma fille, dont mon regard recompose la chair (166).**

The invasive probing and technical, anatomical identifications remind Marie of the diagnostic nature of the exam. Yet, as the technician identifies and enumerates every part of her daughter's body, Marie translates biotechnical jargon into figurative language using metaphors and geological and astronomical imagery depicting craters, canyons, and meteors.

**-- Thalami, hémisphères, pédoncules, cervelet, dit l'échographe.
Avec la souris de son ordinateur elle isolait un bel ovale : la boîte crânienne de ma fille. Je commençais à y voir pour de bon. Son cerveau faisait une Lune, cratères noir et blanc, météores et canyons (167).**

According to Marie, the technician seems to navigate her interior ("**un virage dans mon vagin**" (167)) exposing images that create an impression of uncovering a new landscape and world that her daughter inhabits. Marie's impressions convey the strangeness of the

experience of “meeting” her unborn daughter, who is at once impossibly close (inside her), but visibly distant in a landscape of pixels on a monitor:

Un virage dans mon vagin :

--Deux orbites, deux globes oculaires, deux narines, deux lèvres.

Je vis une main, une main qui avançait vers moi dans le noir. Grande ouverte : pouce, index majeur, annulaire et auriculaire, une main d'être humain. Et derrière, apparaissant, fonçant le néant comme sous une étamine, un visage à la bouche ouvert, yeux profonds, grand front sombre... qui avançait et reculait, palpitait, au bond de disparaître, dans le brouillard des pixels (167).

The experience enables her to visualize her daughter's biological origins and culminates with the confirmation of her child's gender (which she intuitively knows). Marie depicts the wonder of a body within a body.

L'échographe eut, du poignet, un mouvement d'escrimeuse, la sonde chercha à raccourcir la distance entre mon utérus et ma glotte, et nous vîmes deux fémurs couronnés de rotules entre lesquels s'ouvrait, mise en abyme et gouffre d'indiscrétion, au fond de mon vagin un autre petit vagin.

--C'est une fille, constata l'échographe (170).

This narrative chronicles a mother's experience of biomedical technology during pregnancy—an experience which at once distances her from her own mother (who never had this monitoring) and connects her to an unborn child.

As her daughter gestates, Marie's two perspectives capture the shifting geographies of her pregnant body, as she constantly attempts to find words to express her perceptions of life within: “ C'est vers cinq mois qu'on commence à voir bouger sous la peau. Comme une devinette, un corps en bouts rimés : genoux, coudes, tête et fesses, un pied ou un poing poussant sous la paroi, une charade qui ferait un bébé ” (168). The omniscient narrator struggles to find ways to communicate impressions and experiences unique to pregnancy and perhaps unknown to the reader : “ Comment expliquer à ceux qui ne savent pas ? Tu as déjà eu un muscle qui tressaille, dans la cuisse ou le bras, un

muscle fatigué, qui s'est mis à bouger en toute indépendance ; alors tu connais une des sensations de cette vie à deux ” (168). Both perspectives experiment with a plethora of comparisons and analogies with classical artwork to describe her pregnant body : **“J’étais belle, d’une beauté de cariatide. Je portais ma charge non sur la tête mais sur le ventre, accrochée à la taille et bien tenue aux reins. Un Atlas qui aurait le monde sous les seins ”** (264). Marie also works to convey her body’s actual changes throughout gestation, mapping out its shape and position in relation to the fetus in geographical terms : **“Le ventre des femmes n’est pas un globe rond; c’est une poche asymétrique. Un flanc dur, l’autre clapotant, déformé par des bosses, pieds et mains, fesses et tête. Le bébé d’un côté, ses membres gigotant de l’autre ; un agneau dans un sac ”** (264). Both the first person and omniscient narrator chronicle and chart her physical experience of pregnancy and perceptions of the relationship between her own body and her daughter’s body sometimes even using popular references.

L’eau portait son ventre qui portait sa fille. Nulle part ailleurs l’emboîtement n’était si satisfaisant, eau, corps, eau, corps, un petit corps dans un bain amniotique dans un grand corps dans une piscine. Et à l’intérieur du corps de sa fille un minuscule utérus prolongeait la potentialité du monde. L’effet *Vache qui rit* des corps féminins (197).

The two voices find countless ways to create an alternative narrative of pregnancy to the one found in medical guides, capturing the experience of her daughter’s first hiccups (“Je mis ma robe stretch et tressai mes cheveux, *hic hoc*, rangeai un peu, *hic hoc*, et enfilai les tongs” (222)) to Braxton Hicks contractions (“Mon ventre montait et se serrait, un seul grand muscle, une stupéfiante usine ” (291)). Even Marie’s brief account of labor juxtaposes figurative and medical language with the children’s song, “Nous n’irons pas

au bois” (that her son had been singing) and commentary on the medicalized experience of birth:

**Je respirais, j’étais une montgolfière sous une tête aérienne, anxieuse
et euphorique:**

Entrez dans la danse

Voyez comme on danse

Sautez dansez

Embrassez qui vous voudrez

**“Elle perd les eaux” constata la sage-femme me désignant de cette
universelle troisième personne des lieux où la médecine vous prend en
charge (292).**

Both perspectives experiment with different ways of framing the experience of pregnancy by saturating the text with historical and scientific examples that situate the pregnant body in various cultures, times, and even species: “Les reines de France accouchaient en public. Toute la cour était là, au spectacle de la légitimité. Il fallait être sûr que c’était bien du vagin réginal que sortirait le futur roi ” (293).

Intangible origins: Writing (and) pregnancy

Elle aurait voulu englober le
pays dans toutes ses
composantes. Le contenir, le
faire sien, et ensuite en être
débordée, d’accord, mais l’avoir
d’abord senti physiquement. Les
bébés veulent avaler pour
connaître. Elle en était peut-être
restée là (86)

Reflections on the many parallels between the conception/gestation of a fetus and of her work-in-progress (entitled “Le Pays”) preoccupy Marie. Instead of rejecting the literary creation/ procreation metaphor (115), Marie embraces it and makes it her own. If her written endeavors gestate alongside her daughter, she is simply part of a tradition, not

a tired metaphor. Initially she has difficulty writing in her homeland, seemingly paralyzed by her confrontation with her origins:

Ce roman que j'avais en tête, j'étais incapable de m'y mettre. Mais ça n'était pas grave. Les livres viennent. Celui-ci se nourrissait du vent du Sud, des fougères, du vide. Il prenait son temps. L'attente est l'état originel de l'écriture ; l'atermolement, son lieu de naissance. Si écrire c'est faire autre chose qu'écrire, écouter la radio, nager, aller au cinéma et lire, alors de l'écriture j'étais la championne du monde (77).

As she attempts to understand her relationship to her native country and her many identities (mother, wife, sister, daughter, writer), Marie is reacquainted with the old language ("la vieille langue" (17)), which she understands, but cannot speak. Much like Redonnet's Mélie, she must learn to embrace and accept both languages (old and new) and pass them on to her children. Thus, Marie overcomes this obstacle and gradually rediscovers her voice as her daughter (aptly named Épiphanie) gestates (79).²¹²

Le Pays consciously works to revive and continue female literary traditions of writing pregnancy and birth. The work creates a dialogue with Redonnet's Rose Melie Rose, an alternate experience with Angot's two works, and gestures towards another famous mother/writer, Mme de Sévigné ("Comment mesurer la souffrance de l'autre? "J'ai mal à votre douleur" écrit Mme de Sévigné à sa fille" (296)) (among many others) as it investigates how the experience of pregnancy can be expressed in writing. Marie conveys a relationship to writing that, I believe, articulates in many ways Darrieussecq's own perspective:

²¹² Like Redonnet's Rose and Mélie, Marie plays the key role in naming her daughter. Her physical proximity to her daughter grants her the right to "know" her name, almost a type of maternal creation: "Les femmes n'ont pas de nom. Même si j'écrivais sous le nom de ma mère, ce serait sous le nom de son père à elle. Si j'accouche d'une fille, elle n'aura que son prénom. Il faut que nous trouvions des syllabes suffisamment fortes pour la nommer, entière, pour signifier son surgissement. Une femme unique au monde, ma fille" (92).

Il suffisait pourtant que j'ouvre, au hasard, l'un des grands livres que j'avais emportés, pour que la pulsion d'écrire me soulève comme un treuil. Je n'écrivais pas parce que d'autres livres existaient, dans lesquels ces choses étaient écrites, les mêmes depuis toujours : la naissance et la mort, des humains et des nations, et les amours, la mer, les rêves. Certains écrivains ne lisent pas, craignant je ne sais quelle dépense, déperdition ou perte ; empêtrés dans leur unicité fantasmée ; alors qu'écrire n'a rien de personnel, écrire c'est faire partie de l'écriture. Les livres m'invitaient à continuer les livres, à chercher la nuance, le présent, à tenter l'écriture moderne (256-7).

Thus, instead of trying to locate the origins of an idea and attempt to find a “new” subject completely isolated from other texts, Darrieussecq situates her writing among a tradition of women writers who experiment with different ways to articulate seemingly indescribable experiences. As her narrators chart pregnant geographies, Darrieussecq embraces how encounters with biomedical technology contribute to the creative process, and finds a place in her writing to communicate the lived experience of the patient. Darrieussecq writes to challenge the possibilities of language and maternal creativity as she contributes to the future of French fiction.

Conclusion

Through close examination of these four critically and commercially successful works that centrally feature the pregnant, birthing female body, this chapter highlights the many ways that contemporary authors have begun to interact with and react to the impressive changes in birth culture in France, while reflecting on the biological and literary creative progress. In the new millennium, literary exploration of the pregnant body and a woman's experience of it has intensified and grown increasingly vivid. Writers are not simply transcribing oral narratives, instead they are experimenting with

fresh ways to write, expose, and celebrate the body's transgressions, while challenging and contributing to society and medicine's understanding and management of pregnancy and birth. Through autodiegetic narrators, these writers capture lived experiences and write their individuality, stressing the unique nature of each birth and each text. While not seeking to undermine the importance of biomedicine to a pregnancy and birth, they work to identify and express the impact of such interactions on self perception and their experience.

Even though this chapter limits itself to four key pregnancy and birth narratives, dozens of hysteroographies have been published in France since the 1990s. Some writers like Michèle Gazier in Nativités (1995) explore the reproductive experience from the dueling perspectives of a mother and grown daughter, while others like Virginie Despentes in short stories like "A terme", approach more subversive (and disturbing) experiences of pregnancy. Eliette Abécassis penned another portrait of pregnancy in Un heureux événement (2005), putting into question common perceptions of the 'happy' experience of pregnancy. Karine Reyssset's Comme une mère (2008) chronicles the birthing experiences of a teenage immigrant who wants to surrender her child to adoption and a mentally disturbed woman who cannot carry a child to term.²¹³ Through these autodiegetic narrators, Reyssset's polyphonic fiction recounts the drama of these two drastically different pregnancies and tragic consequences. Male authors, like Paul Moreira, have taken to writing about difficult birthing experiences, although from a father's perspective. His novel Etat de choc (2002) recounts the near loss of a writer's

²¹³ Reyssset, Karine. Comme une mère. Paris : Editions de l'Olivier, 2008.

wife following administration of a drug to induce labor and provoking a hemorrhage that nearly killed her.²¹⁴

In 2005, the small French publishing house *L'iconoclaste* printed Naissances: Récits, a collection of short stories on pregnancies and birthing experiences by well-known, contemporary women writers including Hélène Villovitch, Agnès Desarthe, Marie Desplechin, Camille Laurens, Geneviève Brisac, Catherine Cusset, and Michèle Fitoussi, committing these typically oral stories to writing and exploring and celebrating them.²¹⁵ Each author provides a unique, relatively graphic birth narrative, each autodiegetic narrator exploring from a different experience of pregnancy from anorexia to complications and anxieties about labor. This publication represents the culmination of over a decade of increasing interest by contemporary authors in exploring narratives that vividly and centrally depict the bodily experience of pregnancy and birth. Undoubtedly, these corporeal experiences have and will continue to inspire innovations in writing.²¹⁶

French fiction witnessed the pregnant/birthing body thus began to appear on the written page more frequently at the turn of the century. Writers experimented with new ways to write these experiences while offering explicit reflections on this ever-changing, reproducing body. Today, the pregnant/birthing body widely populates contemporary French fiction, stimulating and reshaping thought and imagination about the female

²¹⁴ Moreira, Paul. Etat de choc. Paris: Flammarion, 2002.

²¹⁵ Darrieussecq, Marie and Hélène Villovitch, Agnès Desarthe, Marie Desplechin, Camille Laurens, Geneviève Brisac, Catherine Cusset, Michèle Fitoussi. Naissances: Récits. Paris: Poche, 2006. Paris: L'Iconoclaste, 2005.

²¹⁶ French midwife Maï Le Dû published a rich collection of birthing narratives (Bord de Mères : Récits (2005)) based on real-life experiences and recounted from the point of view of the midwife. The perspective of the midwife is at once extremely medically-informed and concerned with the birthing mother's psyche, voice, and bodily experience. This collection demonstrates this ever-growing interest in sharing these intimate birthing narratives with readers and finding ways to express them in writing. Le Dû, Maï. Bord de Mères : Récits. Paris : Elpéa Editeur, 2005.

reproductive body in modern-day France. The next chapter will investigate the ways that contemporary French writers approach the experience of pregnancy loss through miscarriage, abortion and stillbirth.

CHAPTER THREE

Unproductive Pregnancies? : Writing Pregnancy Loss

“Il suffit d’écouter les femmes”
Simone Veil, 26 novembre 1974²¹⁷

Remarkably little has been written in France regarding pregnancy loss, which seems surprising if one considers the frequency with which it occurs. If statistics are to be believed, fifty percent of French women have had an abortion and one out of five women has miscarried, making pregnancy loss a relatively common occurrence in spite of the rigorous medical surveillance over the female reproductive body intended to protect the unborn.²¹⁸ Obviously, the sociocultural stigma and legal limitations surrounding abortion

²¹⁷ Veil, Simone. Les hommes aussi s’en souviennent: Discours du 26 novembre 1974. Paris: Editions Stock, 2004. 15.

²¹⁸ The statistics on spontaneous miscarriage, like those on abortion, vary seemingly because they are not all officially recorded. Often a woman does not distinguish between a delayed, heavy period and an early miscarriage. Studies estimate that 15-25% of all pregnancies end in miscarriage. Obstétrique, a French textbook for physicians, estimates that “Vraisemblablement, 50% environ des œufs fécondés avortent avant les règles, ou au moment de celles-ci, passant donc inaperçus de la femme et du médecin. [...] Lorsque la grossesse a une existence clinique (courbe de température en plateau, test biologique positif, sac ovulaire en échographie), elle a 20% de chances de tourner court et de donner lieu à une fausse-couche” (12). These miscarriages are mostly (70%) due to chromosomal abnormalities. The textbook estimates 7 or 8 of every 1000 pregnancies end in fetal death in the second and third trimester. The greatest dangers are premature birth, failure to thrive in utero, toxemia, pyelonephritis, urinary infections, and placental praevia (13).

In France, Garel extrapolates approximately 200,000 miscarriages occur each year: “Les fausses couches précoces (ou avortements spontanés) sont des événements très fréquents. 15% à 25% des grossesses connues se terminent ainsi, ce qui signifie que chaque année, en France, environ deux cent milles femmes sont concernées” (Garel 13).

Wilcox, AJ, C. Weinberg, JF O’Connor, DD Baird, JP Schlatterer, RE Canfield, EG Armstrong, & BC Nisula. “Incidence of Early loss of Pregnancy.” New England Journal of Medicine. 319.4(1988) : 189-194.

In 2003, according to the Institut National d’Études Démographiques (Ined), 17 out of every 1000 pregnancies were intentionally terminated in France; however, this number only represents those abortions officially reported and performed in the Hexagon. Others, like Xavière Gauthier, estimate that around 250,000 abortions are performed in France each year, and none die as a result. Another recent publication by the Bulletin Etudes et résultats reports 14.3 out of 1000 pregnancies, or approximately 206,300 pregnancies were terminated in France in 2005.

Many women clandestinely seek late-term abortions, illegal in France, in other European countries like the Netherlands (Benhamou 26-36).

Benhamou, Olivia. Avorter aujourd’hui: Trente ans après la loi Veil. Paris: Librairie Arthème Fayard, 2005. 36.

render the exact numbers impossible to verify. Statistics on miscarriage are either grossly extrapolated from scientific studies, or are reliant on a woman actually recognizing and officially reporting the loss.²¹⁹ Regardless of the precise numbers, it is certain that the female body does not always carry pregnancies to term and “successfully” reproduce and thus, many women (and their families) live the experience of reproductive loss.²²⁰

Pregnancy guides of the nineteenth and early twentieth century approach the subject of pregnancy loss by enumerating the myriads of potential health risks and the importance of behavior modification during gestation, rather than providing discussion or description of the experience itself (see Chapter 1). Large sections of these guides are dedicated to detailing the dangers and the illegal, immoral nature of pregnancy loss through an intentionally-provoked abortion. Even Madame Geoffroy’s Guide des femmes enceintes (1830) delves into an extensive discussion of the immoral dimension of abortion, reflecting prevailing attitudes towards this controversial issue.

L’avortement qui est l’effet d’une manœuvre ayant pour but de provoquer l’expulsion du fœtus avant le moment marqué par la nature pour sa sortie, est le résultat d’un crime.

L’avortement diffère de l’infanticide en ce que ce dernier est le meurtre commis volontairement, d’un enfant nouveau-né ; tandis que, dans l’avortement, on empêche un enfant non encore né d’arriver à l’époque où, ayant acquis tout son

“Code de la Santé Publique: Article 2122-1.” *Legisfrance.gouv.fr*. 6 November 2008. Web. 28 November 2008.

“L’avortement dans le monde.” *Ined.fr*. Institut National d’Études Démographiques. 18 February 2008. Web. 27 May 2008.

“Les interruptions volontaires de grossesse en 2005.” *sante.gouv.fr*. Bulletin Etudes et résultats. 624. February 2008. Web. 27 May 2008.

A recent publication by the Bulletin Etudes et résultats reports 14.3 out of 1000 pregnancies, or approximately 206,300 pregnancies ended in abortion in France in 2005.

²¹⁹ Many pregnancies end very early in the first trimester when they are mistaken for delayed, heavy periods.

²²⁰ Goyaux, Nathalie. “Conjurer la mort: Surveiller la grossesse, protéger “l’enfant à naître.”” Eds. Catherine Le Grand-Séville, Marie-France Morel, & Françoise Zonabend. Le Fœtus, le Nourrisson, et la Mort. Paris: L’Harmattan, 1998. 127-141.

développement, il s'isole naturellement. Ce résultat est également la mort d'un individu faisant partie de l'espèce humaine, auquel on a donné le nom de fœticide. Si l'infanticide inspire de l'horreur à la plupart des femmes, il est très commun de trouver chez elles moins de répugnance pour le fœticide, surtout chez la jeune fille dont la raison a été peu ou n'a point été cultivée d'après les principes d'une morale sévère, et qui n'a point goûté les douceurs de l'amour maternel. Un être dont elle ne se forme encore aucune idée, qui n'est pour elle qu'un sujet de chagrin présent, de misère et de crainte pour l'avenir, ne peut lui inspirer le même intérêt qu'elle éprouve pour lui, lorsque, fruit d'une union légale, il s'annonce comme le gage d'un amour hautement avoué (15-6).

Pernoud's early editions of J'attends un enfant (1958) also echo Geoffroy's opinion and caution (even threaten) woman contemplating abortion about the potential risk of sterility: "Il y en a d'autres [femmes] qui sont à jamais stériles parce qu'un jour elles ont décidé de ne pas laisser venir au monde un enfant qu'elles jugeaient importun " (18).²²¹ In her guide, she reiterates the Catholic church and the State's position on the procedure, " Pour l'Eglise et pour la Loi, par un souci bien différent d'ailleurs, l'enfant est vivant dès la conception " (21), and abortion constitutes "un crime puni par la loi et condamné par la morale " (34). In fact, medically-justified abortions are, according to Pernoud, "si rares que nous n'en parlerons pas non plus" (34)—even though a footnote briefly explains a few of these exceptions. In pre-legalization years, Pernoud's guide offers strong, often judgmental positions on topics from adoption (causing women to spend "leur vie à regretter leur geste") to women engaging in ill-advised winter sports (" Rappelez-vous : pendant neuf mois, vous n'avez pas le droit de prendre un risque ")(21). Very limited information about the actual abortion circulated. Only after the *loi Veil*, did guides like J'attends un enfant, begin to describe the procedure objectively.

²²¹ Pernoud, L. J'attends un enfant. Paris: Editions Pierre Horay, 1958.

As medical prevention of miscarriage developed to more closely monitor pregnancy and women's behaviors across the twentieth century, discussion of spontaneous miscarriage actually grew more limited in contemporary French pregnancy guides. Pernoud's 2007 edition of *J'attends un enfant* extensively details proper nutrition and behavior to ensure a healthy pregnancy along with ways to thwart pregnancy loss. Although not directly mentioning miscarriage (simply referring to a vague risk of hypoxia to the baby's health), she provides a list of approved physical activities (swimming, walking, golfing) as well as the disapproved ones (judo, roller skating, skiing, horseback riding, team sports) (60). It is not until 230 pages into the guide, sandwiched between a full description of surveillance of pregnancy and the delivery chapter, that the tenth chapter ("Et si une complication survient") cautiously broaches the topic of complications and miscarriage.²²² After reassuring the reader that, in the majority of cases, "la grossesse est un événement naturel, qui se déroule sans problème," Pernoud warns that "dans un petit nombre de cas, surgissent des complications qui peuvent avoir un retentissement sur la santé de la mère ou sur celle de l'enfant" (235). A side note almost superstitiously allows the reader to skip to an informative chart of symptoms of miscarriage to bring to a doctor's attention : "si vous n'avez pas le temps, ni l'envie, de lire dès maintenant ce chapitre" (234). Later in the chapter, Pernoud rather modestly

²²² Other chapters in ascending order are: *J'attends un enfant*, *La vie quotidienne*, *Bien se nourrir*, *Belle en attendant un bébé*, *La vie avant la naissance*, *Si vous attendez des jumeaux*, *Trois questions que vous vous posez*, *Les malaises courants*, *La surveillance médicale de grossesse*, *Et si une complication survient?*, *Quand accoucherez-vous?*, *L'accouchement et la naissance*, *La douleur et l'accouchement*, *Comment préparer son accouchement*, *L'accouchement avec anesthésie*, *Votre enfant est né*, *Après la naissance: votre bébé et vous*, and *Momento Pratique*.

estimates that 15% of pregnancies end in miscarriage, usually as a result of a chromosomal abnormality.

The contemporary reluctance to publicly write about pregnancy loss reflected in Pernoud's guide extends to other fields in France including sociology, psychology, anthropology, and even literature-- all creating to a general cultural silence on the topic. Even certain literary critics have hesitated to write articles on books specifically confronting the loss, like Camille Laurens' Philippe. Psychologist and INSERM researcher Micheline Garel also observes the relative media silence around the topic of miscarriage: "Alors que dans les journaux, à la télévision ou dans les livres destinés au grand public une grande place est consacrée aux nouvelles techniques de procréation, il est rare que le sujet des avortements spontanés ou des morts périnatales soit abordé" (14).²²³ Psychotherapist Chantal Haussaire-Niquet, who specializes in perinatal death in France, states that a relative silence in psychological support to parents experiencing pregnancy loss existed until the mid 1990s: "En 1996, aucune structure n'existe réellement en France pour aider les parents, au sortir de la maternité, à traverser cette épreuve si particulière d'un deuil où précisément, l'existence même de l'être qui meurt est niée de presque tous" (24).²²⁴ Cultural anthropologist Linda Layne explains this relative silence apparent in the United States (and I would argue, in France) as the society's unwillingness to confront the unpleasant combination of life-giving and taking that pregnancy loss entails:

²²³ Garel, Micheline & Hélène Legrand. L'attente et la perte du bébé à naître. Paris: Albin Michel, 2005.

²²⁴ Haussaire-Niquet, Chantal. Le deuil périnatal. Paris: Le Souffle d'Or, 2004.
Haussaire-Niquet has become an advocate for support groups.

Civil had been interpreted to only officially acknowledge fetuses older than 22 weeks and weighing more than 500 grams. This 2008 ruling allows families to name and register the stillborn/miscarried fetus, no matter the stage of development achieved, in the Civil Status Registry (*l'état civil*), add them to the “livret de famille,” and formally bury the remains. Such procedures are intended to allow families to acknowledge the life that occurred within the womb and to better grieve the loss. In order to avoid destabilizing current abortion legislation, such registration is purely symbolic and does not grant the fetus any legal rights. In spite of this national discussion and acknowledgement of the psychological toll pregnancy loss has on a woman and family, the topic still remains taboo in France.

A similar silence surrounds the topic of intentional pregnancy loss, or abortion (IVG), in spite of a long history of prominent national debates concerning its legalization in France. Still, throughout these discussions, little attention was given to the voices of the many women who experienced abortion. Their perspective remained marginalized and their opinion strangely overlooked, as the Ministre de la Santé Simone Veil's November 26, 1974 presentation of the law to legalize abortion acutely articulates: “Il suffit d'écouter des femmes” (15).²²⁷ Exceptions do exist, for instance, in support of the formal adoption of the *loi Veil* in 1980, Huguette Morière boldly published highly

Aron, Claude. *La sexualité II: Contraception et stérilité*. Paris: Odile Jacob, 2003. 121-140.

²²⁷ Until recently, few publications in France centered on abortion. Luc Boltanski remarked that there have been a scant number of sociological publications in France on this subject: “En témoigne, pour ce qui est de la France, la quasi-absence de publications sur ce thème entre 1982 (date à laquelle est paru l'excellent numéro spécial de *la Revue française de sociologie* consacré à l'avortement, sous la direction de François-André Isambert et de Paul Ladrière) et les deux dernières années (au cours desquelles plusieurs ouvrages consacrés à l'avortement ont été publiés), soit pendant une période de près de vingt ans ” (12).

Boltanski, Luc. *La Condition Fœtale: Une sociologie de l'engendrement et de l'avortement*. Paris: Editions Gallimard, 2004.

²²⁷ Ernaux, Annie. *Les Armoires vides*. Paris: Editions Gallimard, 1974.

political, autobiographical account of her numerous abortions in Vivre avec la peur au ventre (1979), which was followed by a “dossier” on the state of abortion in France that outlines suggested revisions to the law (like reimbursement by Social Security).²²⁸ Still, Xavière Gauthier points out that there are few, if any, works of nonfiction that give voice to the thousands of French women who have had abortions in France, a void which she sought to fill with her collection, Paroles d’avortées (2004).²²⁹ Even in the new millenium, Gauthier notes her difficulty in finding a French publication house to accept her work: “Lorsque je cherchais un éditeur, on me faisait valoir que ce n’était pas beau, cet acte, dégoûtant même” (Gauthier 19). Thus, the relative lack of first-person accounts in French fiction is unsurprisingly apparent as well, even as the matters of the female reproductive body and its autonomy permanently entered the public sphere and generated discussion about its management and prevention of pregnancy loss.

This chapter first examines a few early hysteroographies that confront issues of abortion, miscarriage, and stillbirth. Then, it explores the ways that contemporary writers of fiction have begun to experiment with ways to express the lived experiences of pregnancy loss and women’s perceptions of their bodies, when they transgress legal, ethical, medical, and social boundaries. In these hysteroographies, narrators use writing to revisit the bodily experience and innovate, by reclaiming technical language, reviving

²²⁸ Mori re, Huguette. Vivre avec la peur au ventre : Femmes en mouvement. Paris : Pierre Horay, 1979. Calls for legislative change are amply spread throughout Mori re’s vivid autobiographical account of her many abortions : “ Tant que l’avortement m dical ne sera pas gratuit, tant qu’on n’aura pas simplifi  les formalit s, tellement compliqu es pour certaines femmes qu’elles laissent passer les semaines fatidiques au-del  desquelles l’avortement est interdit ; on ne pourra vraiment parler de libert  de l’avortement ” (15).

²²⁹ Lorette Thibout provided an earlier effort to give voice to these women in her L’Avortement vingt ans apr s: Des femmes t moignent des hommes aussi (1995). She also gives a personal account of the lack of books on this topic: “En novembre 1991, apr s avoir v cu un avortement, j’ai cherch  un livre de t moignages qui me donnerait   comprendre un peu de ce qui m’avait boulevers e si profond ment. Ce livre n’existait pas, j’ai donc d cid  de le faire (11).”

literary tropes, and challenging legal, medical, and cultural approaches to pregnancy loss in France. I begin with Annie Ernaux's L'événement (2000) as she confronts medical, legal and social discourses that attempt to control and shape the female reproductive body. Then, I consider partial birth abortion in Justine Lévy's Rien de Grave (2004) as it navigates the shattered pregnant subject and complicated unspoken consequences of prenatal visualization on abortion and contemplates a deteriorating notion of the female reproductive body. Finally, I explore the lived experience of stillbirth in Camille Laurens' Philippe (1995) as the narrator exposes and overturns the system of blame that contemporary birth culture constructs and places on the female reproductive body. Laurens' work discovers a means to reinterpret medical readings in order to fully write her lost son's life.

Early Narratives of Pregnancy loss

While the theme of pregnancy loss is not entirely absent from French fiction, most often these experiences are recounted briefly from an outsider's perspective, likely for reasons of *bienséance* or fear of legal repercussions. Stories of miscarriage and stillbirth, for instance, do appear in French literature. Some scholars have interpreted certain versions of the fairy tale, "Le Petit Poucet," for instance, as the story of the fantastic adventures of a miscarried fetus.²³⁰ In Perrault's version, the hero is described in terms of

²³⁰ Nancy Huston's narrator in Instruments de ténèbres draws this connection to Tom Thumb as well. In anthropologist Rosanne Cecil's comparative study on pregnancy loss, she refers to Richard Johnson's (1573-1659?) 1621 English version of Tom Thumb ("The history of Tom Thumbe, the Little, for his small stature surnamed, King Arthur's dwarf...") details the child is born after only three months of gestation: "To whom Merlin with a graue and solid countenance said as followeth:
ere thrice the Moone her brightnes change,
a shapelesse child by wonder strange,

his impossibly small size at birth, which could indeed be consistent with this interpretation: "Il était fort petit, et quand il vint au monde, il n'était guère plus gros que le pouce, ce qui fit qu'on l'appela le petit Poucet (292)."²³¹ Nineteenth-century French Naturalist fiction often describes heroines' miscarriages-- however, not from the pregnant subject's perspective.²³² Emile Zola's Nana (1880), for example, describes Nana's miscarriage retrospectively from the perspective of a minor character, Zoé:

--Quelle chose à ne pas croire... une fausse couche, monsieur!
Nana était enceinte de trois mois.[...]
Cependant, Zoé racontait la catastrophe. - Madame a été prise de coliques vers quatre heures. Quand je suis allée dans le cabinet de toilette, ne la voyant plus revenir, je l'ai trouvée étendue par terre, évanouie. Oui, monsieur, par terre, dans une mare de sang, comme si on l'avait assassinée... alors, j'ai compris, n'est-ce pas? J'étais furieuse, madame aurait bien pu me confier son malheur... justement, il y avait Monsieur Georges. Il m'a aidée à la relever, et au premier mot de fausse couche, voilà qu'il s'est trouvé mal à son tour... vrai! Je me fais de la bile, depuis hier! (426)

This miscarriage is a symptom of Nana's degeneration (*dégénérescence*) and eventual inability to reproduce, however, Nana's experience of this loss is not conveyed. Similarly, in Zola's pronatalist novel Fécondité (1899), nearly every chapter is filled with stories of abortion, miscarriage and stillbirth.²³³ Even so, these numerous accounts are filtered through an omniscient narrator or other male characters without recounting the actual physical and psychological experience of the female reproductive body.

Though relatively rare, examples in twentieth-century literature of third-person narratives of miscarriages exist as well. In Marie Ndiaye's Rosie Carpe (2001), the

shall come abortive from thy wombe,
no bigger than thy husbands Thumbe" (Opie 32).

Opie, Iona. Classic Fairy Tales. New York: Oxford University Press, 1974.

²³¹ Perrault, Charles. Contes. Ed. Catherine Magnien. Paris : Librairie Générale Française, 2006.

²³² Zola, Emile. Nana. Les Rougon-Macquart. (1880) Paris : Charpentier, 1895.

²³³ Zola, Emile. Fécondité. Les quatre évangiles. Paris : Fasquelle éditeurs, 1957.

protagonist's miscarriage is recounted by a male character: "Elle avait l'air d'un loup, la patte prise, en train de crever. Elle avait peur. Elle a râlé et elle m'a dit qu'elle était en train de perdre son bébé. [...] Le sang coulait avec la pluie dans le chemin" (318). Anna Gavalda wrote a short story "I.I.G" in her collection Je voudrais que quelqu'un m'attende quelque part (1999) recounting a woman's pregnancy that ended in stillbirth from a third-person perspective.²³⁴ Lorette Nobécourt's autodiegetic narrator in Nous (2002) mentions her miscarriages briefly as well. Nevertheless, most often these losses are not central to the overall narrative.

Similarly, stories of abortion exist in French fiction, although typically recounted from the third-person perspective. In the late 19th century's neo-malthusian corpus, dozens of novels were published to advance arguments for the right to control reproduction with contraception; however, the female voice was almost never used to express the experiences. Jeanne Henri Caruchet's novel L'ensemencée (1904) represents a rare example of a neo-malthusian work advances a woman's perspective on the right to choose to not submit oneself to the traumatic pains of labor, physical repercussions of pregnancy, and general difficulties of motherhood. Unlike many neomalthusian works, this novel explicitly seeks to disprove the myth that the female body is innately maternal. In L'ensemencée, an omniscient narrator recounts a young couple's plight to have "une vie intellectuelle et jolie" where they could live as lovers, free of the pains and worries of

²³⁴ Gavalda, Anna. "I.I.G." Je voudrais que quelqu'un m'attende quelque part. Paris: Le Dilettante, 1999. 25-41.

The protagonist consults Pernoud's J'attends un enfant and discusses reading several chapters, not including "et si les complications surviennent": "Elle a fouillé dans sa bibliothèque pour retrouver le *J'attends un enfant* de Laurence Pernoud. Le bouquin est un peu fatigué, il a servi à sa belle-sœur et à une copine entre-temps. Tout de suite, elle va regarder à nouveau les photos qui sont au milieu. Le chapitre c'est : Images de la vie avant la naissance, depuis " l'ovule entouré de spermatozoïdes " jusqu'à six mois : il suce son pouce " (29-30).

parenthood (18).²³⁵ Immediately following their wedding night, however, Armande unintentionally becomes pregnant, even though she never wanted children (7). Her husband, Roger sadly watches her body grow as if afflicted by a tumor: “Lentement, jour à jour, Armande allait parcourir le chemin douloureux de la gestation, perdre sa beauté, sa grâce, traîner son fardeau, être frappée de menus et multiples déchéances, obsédée de souffrances tantôt vagues tantôt précises” (57, 64). Throughout the novel, each character clearly articulates his and her various perspectives on abortion in their discussions: “La femme devrait pouvoir rester stérile quand son cœur n’est pas maternel” (252).

The novel closes with Roger tragically refusing to allow his wife to risk her life with an abortionist and thus condemning Armande to deliver a third child that parasitically inhabits her womb: “Soudain, pâissante, elle tressaillit d’une secousse profonde. Dans son ventre douloureux, l’enfant remuait” (267). In *L’ensemencée*, Armande’s plight is only shared through the omniscient narrator. Nevertheless, Caruchet’s work boldly presents an alternative neo-malthusian view of pregnancy and motherhood, supportive of research into new methods of contraception in order to avoid dangerous, clandestine abortions.

Likewise, pronatalist fiction like Zola’s *Fécondité*, vehemently argues against abortion by dramatizing the tragedies of abortion and privileging the perspective of an omniscient narrator or male protagonist over the female’s point of view.²³⁶ In *Fécondité*, Zola provides multiple scenarios of heroines suffering tragic deaths due to immoral,

²³⁵ Caruchet, Jeanne Henri. *L’Ensemencée*. Paris: Félix Juven, 1904.

²³⁶ The pronatalists also published dozens of novels depicting botched abortions, death following abortion, and noble couples choosing life over abortion. They are most often recounted from an omniscient narrator’s perspective.

incompetent abortionists. One untrained abortionist midwife, La Rouche, a witch-like figure, “ au teint de plomb, aux rares cheveux incolores, dont le grand nez tenait tout le visage, ” lurks in a neighborhood that “sentait l’égout et le crime” (172), on the margins of society and medicine as women’s last resort. Her pseudo medical procedures, mostly abortions, consist of crudely thrusting a “ tringle de rideau ” (a common household item) into the female body (189). La Rouche’s practice directly injures and sometimes kills the patient, poisons society, and sabotages the pronatalist project : “ Tandis que, sous le clair soleil, le flot des êtres poussait et débordait, dans le bouillonnement continu de la sève, les petites mains sèches de la Rouche écrasaient des germes, au fond de son trou obscur, qui empoisonnait le graillon et le sang ” (193). This murderous figure openly voices a neo-malthusian perspective, supporting “planned stillbirths” and a woman’s choice, in favor of allowing them to attempt the procedures themselves (207). Yet, in addition to her ignoble acts, she is guilty of incompetence, acting with a “main trop vive”, killing Valérie Morange during an attempted abortion, as well as her unborn fetus. The female body is the site and victim of the vicious crime: “l’infamie de cette chambre, l’horreur froide de cette morte abandonnée ainsi, seule, telle qu’une assassinée, abattue au coin d’une borne ” (189). This midwife’s specialty includes arranging for stillbirths: “ c’était le crime hypocrite, le fœtus étouffé avant d’être, ne naissant que mort, ou par la violence expulsé, encore incomplet, expirant au premier souffle d’air ” (211).

Abortion becomes a more established literary *topos* later in the twentieth century. Passing references to abortions and abortionists appear frequently in fiction like Louis-Ferdinand Celine’s canonical Voyage au bout de la nuit (1932), although few works are

centrally concerned with abortions and recounted from the pregnant subject's perspective. (This relative silence is not too surprising considering the social stigma and legal repression around the topic.) Often, abortions are just one in a series of misadventures and discussions within the work. Suzanne Allen (1920-2001) in her first novel La Mauvaise Conscience (1955) for instance, recounts a young woman's scandalous story of incest, violence, sexual awakening, and abortion during World War II. Although the abortion is extremely explicitly described, it is not central to the work itself (599-609).²³⁷ Similarly, Benoîte and Flora Groult's novel Le féminin pluriel (1965) details an abortion as one of many tragedies in a love triangle told from juxtaposed first-person journal entries of both a wife and the mistress (336-349).²³⁸

Such writers as Gabrielle Sidonie Colette (1873-1954) expressed frustration over failed attempts to pen an abortion narrative: "Quand l'envie me vint d'écrire l'histoire de Gribiche, je me retins, et la remplaçai par un "blanc", des points de suspension. Aujourd'hui que je conte sa fin, je cache naturellement son nom, celui du music-hall, ceux de nos camarades, je change, je dissimule. Ainsi, je suspens encore à la mémoire de Gribiche les attributs de silence."²³⁹ Indeed, her short story, Gribiche (1937), depicts an abortion, but from a deliberately distanced perspective. The heroine only witnesses a woman, Gribiche, fall down the stairs and miscarry following an abortive procedure: "Gribiche a fait une fausse couche. Une mauvaise, quatre mois et demi" (130).²⁴⁰ While

²³⁷ Allen, Suzanne. La Mauvaise Conscience. Paris: Gallimard, 1968. [1955]

²³⁸ Groult, Benoîte & Flora. Le féminin pluriel. Paris: Denoël, 1965.

See also Groult, B. Les trois-quarts du temps. Paris: Grasset & Fasquelle, 1983.

²³⁹ Gauthier, Xavière. Paroles d'avortées: Quand l'avortement était clandestin. Paris: Editions de la Martinière, 2004. 36.

²⁴⁰ Colette, Sidonie Gabrielle. "Gribiche." Bella-Vista. Mont-Rouge: Ferenczi, 1937. 109-168.

the narrator reflects on the issue, she does not experience an abortion herself and Gribiche's perspective remains unknown.

In Délivrance (1936), the renowned feminist journalist/novelist Louise Weiss (1893-1983), however, offers a rare example of an abortion narrative recounted from the autodiegetic narrator Marie's perspective.²⁴¹ Fifteen years after the first World War, the heroine pleads directly to her husband, Anselme, for his forgiveness of her infidelities (with men and women) as she recounts her ethical struggles with abortion and desire to keep an illegitimate child (136). Ultimately, Anselme pressures her to abort and threatens to abandon her. A tragic epiphany occurs just as she succumbs to the anesthesia, condemning her to regret her decision.

J'aspirai le chloroforme. La mort rampa le long de mes flancs. C'est alors que frappée de paralysie, mais pas encore anesthésiée, je sentis se dégager de l'inconscience qui m'envahissait une condamnation qu'en cette extrémité je voulus quand même, envers moi et contre tous, formuler : "-- J'ai tort." Déjà, je ne pouvais plus articuler (310).

Although she does not remember the abortion itself, her body torments her with physical reminders of pregnancy.

Soudain, du lait me perla aux seins, une petite goutte de lait blanchâtre, symbole de mon martyre, que suivirent d'autres petites gouttes de lait qui jaillirent du plus profond de mon être insondable, comme tes larmes avaient jailli du plus profond de mon merveilleux amour. Elles jaillirent, les intarissables petites gouttes qu'aucune bouche mignonne ne boirait avidement, les intarissables petites gouttes, aussi vaines que mon désespoir. Elles jaillirent, intarissables (314).

After the abortion, Anselme abandons Marie, leaving her with suicidal thoughts and the composition of the letter as her only form of possible deliverance (5): "La vérité

²⁴¹ Weiss, Louise. Délivrance. Paris: Albin Michel, 1936.
Bertin, Célia. Louise Weiss. Paris: Albin Michel, 1999. 243-244.

m'étouffe. Aujourd'hui je m'en délivre" (6).²⁴² Although this rather melodramatic work resembles a *roman rose*, its progressive reflection on abortion presents not only an abortion narrative, but focused reflection on the lived experience from a female perspective.²⁴³

Finally, in 1955, José-André Lacour (1919-2005), a Belgian writer and playwright who resided in Paris for much of his life, published the *roman à thèse*, Confession interdite (1955), a vivid story of abortion recounted from the woman's perspective and early precursor to Annie Ernaux's Les Armoires Vides (1974).²⁴⁴ Denise, the young autodiegetic narrator, a mother of two children, voices her desperation when she discovers a third pregnancy: "Ce jour-là, il pleuvait et je pensais: 'Faites que je sois comme le ciel, faites que je pleuve, cher Bon Dieu, faites-moi pleuvoir'" (7). Illustrating the financial hardships suffered by many families in the interwar period, the married couple cannot financially support another child and desperately seeks an abortionist to escape poverty. Dealing with this unfortunate situation becomes entirely Denise's burden. With each encounter, doctors refuse her requests based on moral or legal grounds. Meanwhile, Denise conveys anxiety about the dangers of this mysterious procedure about which so little has been written: "rubrique de faits-divers, des passages de romans: mais c'était toujours avec angoisse: ma mémoire conservait que des histoires abominables de faiseuses d'anges" (35). Her husband's parents discover the pregnancy and express fears

²⁴² "Alors, secouée d'un furieux besoin de créer, de sortir malgré tout quelque chose de mon être fécondé et d'œuvrer en poussant des cris, instinctive jusqu'au seuil de l'éternité, je me levai pour m'emparer d'une plume, pour te parler, ah! Encore une fois avant de mourir" (315).

²⁴³ For additional discussion of Weiss's Délivrance, see Kershaw's Forgotten Engagements (2007). Kershaw, Angela. Forgotten Engagements : Women, Literature, and the Left in 1930s France. New York: Rodopi, 2007.

²⁴⁴ Lacour, José-André. Confession Interdite. Paris: Julliard, 1955.

Lacour is best known for his play L'année du bac (1958) which was adapted into a film in 1964.

about the abortive procedure as well, compounding her concerns. Eventually during her search for an abortionist, Denise befriends a young, working, unmarried pregnant woman (also named Denise). The two women support each other throughout the procedure, highlighting both a need for female collectivity during this situation as well as the variety of socioeconomic situations that push women to seek clandestine abortions: “Elle était mon amie et ma sœur” (127). Seemingly the result of previous attempts to abort, the younger Denise hemorrhages to death in a hospital in spite of the narrator’s efforts to save her, depicting a tragic consequence of clandestine abortions. Lacour’s work represents rare and early hystorography that captures the lived experience of abortion through the first-person perspective.

Annie Ernaux’s first literary success Les Armoires Vides (1974) boldly recounts the story of an unwanted pregnancy through its fictional heroine, Denise Lesur.²⁴⁵ Published just one year before the passage of the *loi Veil*, this novel uses an abortion as a point of entry and framework for a narrative that focuses on the more palatable topic of class tensions experienced during Denise’s struggles to achieve a higher-level education as the daughter of a working class family. As Siobhán McIlvanney observes, the abortion in this work “symbolizes her severance from the working-class world of childhood and her definitive projection into middle-class adulthood” (166).²⁴⁶ The abortion’s symbolic value overshadows the significance of the actual lived experience. In her later work,

²⁴⁵ Ernaux, Annie. Les Armoires vides. Paris: Editions Gallimard, 1974.

Ernaux, Annie. L’événement. Paris: Editions Gallimard, 2000.

²⁴⁶ McIlvanney, Siobhán. Annie Ernaux: The Return to Origins. Liverpool: Liverpool University Press, 2001. 165-176.

L'événement (2000), which I analyze below, Ernaux revisits the abortion narrative and truly experiments with how to effectively write it.

By the 1990s, contemporary works of fiction began actively capturing the experience in writing more frequently as a number of French authors ventured into transgressive explorations of these taboo, historically silenced experiences.²⁴⁷ Marie Darrieussecq's Truismes (1996) offers a contemporary example of a pregnancy loss narrative, capturing both the uncomfortably public, almost spectacular nature of abortion, miscarriage, and stillbirth through a nameless female protagonist. In a dystopic future, abortion is treated and experienced as a perverse spectacle, placing the reproductive body on stage, literally rendering this intensely private procedure, grotesquely public. The autodiegetic narrator articulates fears of the possible negative, even deadly repercussions of this abortion, ranging from admonishment for missing work to attacks from pro-life "commandos qu'il faut craindre" (30). In her world, women who abort are not worth the cost of the anesthesia, portraying the medical community as resentfully compliant: "ils ne sont pas tendres avec les avortées" (30). Once she arrives at a clinic, a protester chains himself to the foot of the operating table and swallows the key (30). The doctors choose to perform the procedure anyway, allowing this stranger to witness everything first hand and recite psalms in protest. His voice of opposition pervades her abortion. The protagonist does not appear bothered by his presence and perceives this scene as more of a punishment for the protester than herself: "il a été obligé d'assister à tout" (30). Yet, her

²⁴⁷ Gauthier claims that Ernaux's L'événement is the first author to "prendre son propre avortement comme sujet d'écriture. Je traquais ces récits à travers la littérature. Jamais un livre entier n'était consacré à ce thème" (Naissance 90).

Gauthier, Xavière. Naissance d'une liberté. Paris : Laffont, 2002.

reproductive choices are actually observed and judged by a complete stranger. The co-existence of the protester and aborting woman within the clinic's walls metaphorically stages the controversy as each acts as the other's punishment. Both individuals end up with blood on their hands: "Il était tout couvert de mon sang" (30).

The narrator's abortion draws medical attention to her subversive reproductive organs that do not function 'normally' and might cease to work entirely as a result of the procedure. The clinic performs a hystero-graphy, a radiographic visualization of her uterus, before proclaiming "ils n'avaient jamais vu un utérus aussi bizarrement formé" (31).²⁴⁸ In a world where her physical exterior is constantly evaluated, even her uterus is judged by the medical community, and it transgresses the norm. This concrete image of her interior no longer belongs to her and is circulated and "studied": "Ils ont même gardé l'hystérographie pour l'étudier de près" (31). This scene's spectacular qualities eerily stage the abortion controversy of the 20th century, which also publicly debated the legal and ethical status of the female reproductive body without listening to the woman's lived experiences of the procedure.

In Truismes, the narrator also endures several miscarriages, and on each occasion, her faulty body is implicitly blamed and her perception of it questioned (23,46,96). Her first unwanted pregnancy ends in miscarriage after a physically and sexually violent

²⁴⁸ In 2004, in a *Paris Match* article "Le jour où... j'ai appris que j'étais une fille Distilbène," Darrieussecq reveals a similar real life experience. She recounts that her mother took Distilbène, a drug to prevent miscarriage, during her pregnancy. Later, studies revealed malformations and sterility in the daughters of women who took these drugs. Darrieussecq was no exception, as she discovered later in life. "Aux hystérogaphies succèdent les hystéroscopies.[...] Brandissant les radios, le spécialiste qui nous reçoit annonce: "A gauche, un utérus normal, à droite le vôtre. " Effaré, je vois à gauche un joli triangle isocèle prêt à recevoir des enfants, à droite une espèce de tortillon en forme de Y. Durant des années, j'ai rejeté l'idée, mais je suis une handicapée " (146).

Darrieussecq, Marie. " Le jour où... j'ai appris que j'étais une fille Distilbène. " Paris Match. 2869 (13 May 2004) : 146.

weekend with a client, forcing her to seek equally invasive medical attention. Since she still had not acknowledged her previously pregnant state, a male gynecologist decodes her bleeding for her: “il m’a dit que j’avais fait une fausse couche, il a fourré plein de coton là-dedans et il m’a envoyée dans une clinique” (23). When she doubts the reality of her pregnancy, this angry doctor immediately dismisses her concerns and implicitly refuses to implicate himself in her poor behavior and failure to have a healthy pregnancy: “il m’a traitée de petite grue” (23). Her narrative of the experience at the clinic also implies that doctors performed an operation to sterilize her, violating her, and permanently altering her body: “J’ai un peu mal au ventre, aujourd’hui encore, de tout ce qu’ils m’ont fait à la clinique” (23). The narrator questions everything the clinic says and does, even the actual pregnancy, and refuses to acknowledge its existence: “Mais moi, je suis sûre que je n’étais pas enceinte” (23). The term, “enceinte” does not fit her perception of her physiological condition—remaining too charged with connotations of motherhood and happiness. An inherent mistrust in the medical institution permeates her experiences because her bodily perceptions do not coincide with medical diagnoses.

Darrieussecq’s work also provides harsh critique of the sociocultural approach to birthing and stillbirth in France through the narrator’s experiences of pregnancy loss. Late in the work, once the narrator transforms into a pig hybrid, she gives birth to dying piglets. The circumstances of her delivery are especially meaningful, because it is actually public (“au beau milieu de la rue” (96)) where she is surrounded by strangers, national authority figures (les gendarmes), and hybrid sociomedical figures (le SAMU-

SDF). Throughout the delivery, she remains unconscious and not part of the experience, as though under full anesthesia.

j'ai été prise de crampes terribles au beau milieu de la rue. Je me suis recroquevillée et j'ai vu que je perdais beaucoup de sang. Je me suis évanouie. Le SAMU-SDF est arrivé et c'est eux qui m'ont réveillée. Je me sentais bizarre. Le gendarme qui était avec eux a dit : Mais c'est la SPA qu'il faut appeler ! ” A côté de moi par terre il y avait six petites choses sanglantes qui remuaient (96).

While she does not witness the birth herself, an amalgam of national, social, and medical bystanders do, seeing her offspring before she does, symbolically paralleling the contemporary birthing experience where doctors view and interact with the newborn before the mother. Immediately following the birth, the narrator absconds to the sewers with her dying young and stays with them alone until they perish. (The death of the piglets is not surprising, scientifically speaking: interspecific hybrids rarely reproduce.) Through these scenes depicting pregnancy loss, Darrieussecq successfully conveys the experience, while confronting both contemporary birth culture and the isolating experience of still birth.

Birth, controlled : Writing the aborting body in Annie Ernaux's L'événement (2000)

Si beaucoup de romans
évoquaient un avortement, ils ne
fournissaient pas de détails sur
la façon dont cela s'était
exactement passé. Entre le
moment où la fille se découvrait
enceinte et celui où elle ne
l'était plus, il y avait une ellipse.
Ernaux, L'événement, 37.

A 1963 unwanted pregnancy and clandestine abortion inspires and haunts much of Annie Ernaux's oeuvre. Ernaux's works ranging from Les Armoires Vides (1974) to Se perdre (2001), often touch on the topic, but none so concretely confront the physical

lived experience and difficulties writing it than L'événement. At the turn of the millennium, Ernaux revisited and reclaimed the intensely personal, bodily experience of a clandestine abortion. In L'événement (2000), the autodiegetic narrator, seemingly a 59-year-old writer herself, chronicles her inner struggles to put into writing her past abortion, like the experience of pregnancy and abortion first fictionalized in Les Armoires vides. This female reproductive body that boldly stands at the center of the work (often dubbed a memoir) and motivates its composition, remains largely unexplored by scholars of L'événement.²⁴⁹ While significant attention to the writing of the lived experience of the female reproductive body distinguishes L'événement, the narrator also captures her struggles to produce written texts.²⁵⁰

The abortion narrative appears on the page as a continuous (no chapter divisions) series of short paragraphs consisting of chronological perceptions interspersed with the narrator's commentary on her difficulties and reluctance to write. Using a journal and engagement calendar to stimulate her memories, the narrator awkwardly slides between the present when abortion is a legalized practice, to the past (when it is not), providing an intensely vivid physical perspective. She conveys her laborious hesitations and excruciating experience of the writing process through an unusual abundance of metanarrative and parenthetical remarks. The narrator prioritizes the writing of the body's

²⁴⁹ The majority of recent criticism on Ernaux's L'événement has centered on the themes of class, shame, trauma and memory. Loraine Day insightfully explores how shame and pride prove to be inseparable in this work. She interprets the abortion as both an intensely humiliating experience and one in which the narrator has pride. Several critics including Barbara Havercroft question this work's place in Ernaux's oeuvre. In Cathy Jellenik's Rewriting Rewriting (2007), she focuses on L'événement as a rewriting of Les Armoires vides.

²⁵⁰ Several critics including Loraine Day have remarked that Annie Ernaux spent a symbolic nine months writing L'événement. Day, Loraine. "L'écriture dans l'entre-deux temporel: une étude de L'événement." Paris: Artois Presses Université: 2004. 65.

perceptions in relation to society, law, and medicine, thus confronting how these forces acted on her. As she situates the female body at the intersection of medical, ethical, social and legal debates, she inscribes her story within a silenced, collective feminine experience that, until recently, rarely had a place in literature.

Writing the reluctantly pregnant body/ Reluctantly writing the pregnant body

L'événement reflects heavily on personal perception and bodily experiences as the autodiegetic narrator struggles to find ways to communicate them accurately in writing. The narrator, for instance, proves keenly aware of how her perception of surroundings changes with new experiences.²⁵¹ She does not immediately begin her narrative with the pregnancy or abortion itself, but instead she introduces the reader to a seemingly analogous situation. L'événement opens with the narrator pondering how her perception of the urban landscape would adjust after receiving the results of an unspecified screening at a hospital: “La première fois je n’avais pas remarqué un kiosque à musique, dans la cour qui longe le couloir vitré. Je me demandais comment je verrais tout cela après, en repartant” (11). In a masterful paralipsis, the narrator captures an agonizing scene in a waiting room without revealing the nature of the screening. Gradually, the reader realizes that this was an HIV screening. The narrator then transitions to the unprotected sexual relations that placed her in this situation: “Je revoyais continuellement la même scène, floue, d’un samedi et d’un dimanche de juillet, les mouvements de l’amour, l’éjaculation” (14). Upon learning she is seronegative, she

²⁵¹ In order to distinguish between Annie’s distinct perspectives, I will refer to the autodiegetic narrator/the writer in the year 1999 as “the narrator” and the student in 1963 as “Annie.” When referring to the real life writer, I will use “Ernaux.”

instantly associates this experience with the discovery of pregnancy: “Je me suis rendu compte que j’avais vécu ce moment à Lariboisière de la même façon que l’attente du verdict du docteur N., en 1963, dans la même horreur et la même incrédulité” (15). As dramatically dissimilar as these two situations may initially appear to the reader, both rely on medical professionals to reveal life-altering information. Both scenarios result from a body’s participation in an unprotected, socially ‘irresponsible’ sexual encounter.²⁵² Pregnancy and AIDS alike represent biological experiences beyond one’s control when something potentially unwanted (a fetus or virus) is growing inside one’s body. Ultimately, each scenario could alter one’s entire existence, changing how the medical community, society, and oneself perceive this body. Thus, the narrator confronts her reader with a subversive, negative outlook on pregnancy, already foreshadowing the potential powerlessness of this body. (The reader can safely deduce that the work’s title, “L’événement,” in this context will be anything but an “*heureux événement*”.²⁵³) This surprising comparison also prepares both readers to identify more closely with the abortion narrative.

The narrator juxtaposes this negative association with the story of a past, unwanted pregnancy. As an unmarried student from a working class family, Annie studies in Paris writing her thesis in 1963 France during a time when both contraception and abortion are illegal. The narrator combines vivid memories of her physical changes

²⁵² “Ma vie se situe donc entre la méthode Ogino et le préservatif à un franc dans les distributeurs” (*L’Événement* 15).

²⁵³ The expression “un heureux événement” is used to describe “une naissance prochaine.” (*Le Petit Robert* 979)

with her sparse notes from an old engagement book (*un agenda*) to help her write the experience:

Au mois d'octobre 1963, à Rouen, j'ai attendu pendant plus d'une semaine que mes règles arrivent.[...] Je me sentais lourde et moite dans mon manteau ressorti trop tôt [...] j'espérais toujours voir une tache sur mon slip. J'ai commencé d'écrire sur mon agenda tous les soirs, en majuscules et souligné : RIEN. La nuit je me réveillais, je savais aussitôt qu'il n'y avait "rien". L'année d'avant, à la même époque, j'avais commencé d'écrire un roman, cela m'apparaissait très lointain et comme ne devant jamais se reproduire (17).

Of course, this absence of menses (and of the desired stain, *la tache*) signals the unwanted presence of an embryo. The "RIEN" that Annie scrawls, uppercase and underlined, meaningfully implies this presence, a potential life, that she immediately associates with an intellectual death and impediment to her literary and academic production (17,19).²⁵⁴ This connection between biological procreativity and creative/intellectual sterility spurs her desperate search for an abortionist. When the narrator writes the verb "*se reproduire*," the reader is reminded of her body's reproductive dimension (*reproduire*) that Annie attempted in vain to suppress.

In a series of short, loosely chronological paragraphs, the narrator carefully captures Annie's various perceptions of her body and growing realization of her pregnant state. Prior to the pregnancy, for instance, Annie perceives her body as a site for pleasure, not at risk of procreation. She likens it to her fellow male students' bodies—a sterile space, fertile only with ideas: "je me savais dans une période à risques, selon le calendrier Ogino de contrôle de naissances, mais je ne croyais pas que "ça puisse prendre" à l'intérieur de mon ventre. Dans l'amour et la jouissance, je ne me sentais pas un corps

²⁵⁴ She also refuses a teaching position, symbolically returning a Lagarde et Michard manual, as though resigning from academia (19).

intrinsèquement différent de celui des hommes” (21).²⁵⁵ At one level, Annie equates herself to her bourgeois male counterparts, deliberately using her education to overcome class and gender differences, hoping to find equality on both intellectual and physical grounds. She liberates her body not only sexually (with premarital sex), using an early method of birth control (following the strict Ogino calendar). Nevertheless, her body announces its fertility with her late period and forces her to confront her biological difference and uncontrollable physical changes.

The narrator highlights how Annie’s relationship to words themselves shifts as she ascribes great (almost superstitious) performative power to the written word on her body. With her late period, she begins writing brief entries in her engagement book (*agenda*) (17), as though desperately attempting to re-align her body with the Ogino calendar (18). Annie limits her writing to agendas, calendars, and her journal, as though charting time as she becomes increasingly aware of how it passes. In short entries, she struggles to find words to express this situation: “J’ai écrit dans l’agenda “Formidable. Si seulement je n’avais pas cette REALITÉ dans mes reins” (18). She consistently avoids the word “enceinte” and “grossesse” as if the simple act of writing them would impregnate her.

Annie’s unwanted pregnancy and desired abortion seem to be excluded from the French language. Only briefly after her confirmation at the gynecologist’s office, can she

²⁵⁵ “The Ogino-Knaus or calendar rhythm method involves calculating the fertile period taking into account the life expectancy of the gametes. Calculation is based on the study of the duration of the menstrual cycle in the preceding year” (Philippe, Abstract). Couples are expected to abstain from sexual relations during “fertile” times of the month.

Philippe, HJ; Jamin O, Martin MT (May 1992). “Natural methods of contraception”. *Revue de l’infirmière*. 42 (9): 58-60.

X. Gauthier describes the general inefficacy of this method: “On a appelé “bébés Ogino” les dizaines de milliers d’enfants qui sont nés “grâce à cette méthode passoire ” (Gauthier 49).

temporarily write the word: “Je suis enceinte. C’est l’horreur” (21). A certificate symbolically (and legally) anchors this reality (her pregnancy) in place, which Annie rejects and destroys:

De retour à Rouen, j’ai téléphoné au docteur N. qui m’a confirmé mon état et annoncé qu’il m’envoyait mon certificat de grossesse. Je l’ai reçu le lendemain. Accouchement de : Mademoiselle Annie Duchesne. Prévu le : 8 juillet 1964. J’ai vu l’été, le soleil. J’ai déchiré le certificat (22).

Just as she tears up the “certificat de grossesse,” she refuses to allow her pregnancy to exist in her own writing.

Like Annie’s unwillingness to write her pregnancy, the narrator’s sporadic commentary on her own resistance to write the experience resurfaces constantly throughout the work. The narrator struggles between a desire to communicate her experience and a need to keep it silent: “Je voulais seulement vérifier mon désir d’écrire là-dessus. [...] Mais je me disais aussi que je pourrais mourir sans avoir rien fait de cet événement. S’il y avait une faute, c’était celle-là ” (24). Through the writing process, the narrator hopes to purge herself of certain painful memories: “ Je ne sais pas encore quels mots me viendront. Je ne sais pas ce que l’écriture fait arriver. Je voudrais retarder ce moment, rester encore dans cette attente. Peur, peut-être, que l’écriture dissolve ces images, comme celles du désir sexuel qui s’effacent instantanément après l’orgasme ” (69). She likens her past decision to abort to her determination to write the difficult narrative: “Je sais maintenant que je suis décidée à aller jusqu’au bout, quoiqu’il arrive, de la même façon que je l’étais à vingt-trois ans, quand j’ai déchiré le certificat de grossesse ” (25). Thus, she asserts her own control over her creations—biological and literary.

Many parenthetical remarks communicate ongoing hesitations and anxieties about her writing—parts that would typically be excluded from an author’s narrative and scribbled in a draft’s margins. Sometimes her struggles with her writing are explicit: “J’hésite à écrire” (58). In other instances, she explores how writing affects her in the present: “ (Je sens que le récit m’entraîne et impose, à mon insu, un sens, celui du malheur en marche inéluctablement[...]) ” (44,50,53,55,62,69,73,81,85,86).²⁵⁶ At times, the narrator doubts whether she should be so explicit in her narrative, but is driven by her need to “aller jusqu’au bout”: “ (Il se peut qu’un tel récit provoque de l’irritation, ou de la répulsion, soit taxé de mauvais goût.[...] Et si je ne vais pas au bout de la relation de cette expérience, je contribue à obscurcir la réalité des femmes et je me range du côté de la domination masculine du monde) ” (53). These remarks increase in frequency leading up to the actual abortion, expressing her hesitations, are absent within the account itself, and then return after the abortion.

Parentheses are also used to assist her in recounting the experience. Initially, they serve to distinguish between a “remembered,” detailed story and the one-line summary in her agenda that stimulated the memory: “ (Agenda : “ Un épanchement sans suite. De quoi donner le change à ma mère) ” (22). As the story progresses, an increasing number of parenthetical interventions focus on the “traces gribouillées au stylo à bille bleu” that trigger her recollections and that serve as artifacts or “preuve matérielle” (written proof) of the experience itself—which otherwise seems to exist only in her memories

²⁵⁶“ (Je sens que le récit m’entraîne et impose, à mon insu, un sens, celui du malheur en marche inéluctablement. Je m’oblige à résister au désir de dévaler les jours et les semaines, tâchant de conserver par tous les moyens--- la recherche et la notation des détails, l’emploi de l’imparfait, l’analyse des faits— l’interminable lenteur d’un temps qui s’épaississait sans avancer, comme celui des rêves.) ” (44).

(35,37,44,46,58). Occasionally, the parentheses enclose details about marginalized figures (e.g. the Soeur Sourire) that could be footnotes that anchor her narrative in reality (39). This abundance of parenthetical remarks exemplifies the narrator's desire to include that which is typically excluded in the same way that her work includes women's voices that have too often been excluded from the abortion debate.

Society and the reproductive body

Just as the narrator seeks to include excluded narratives and perspectives in her work, she draws attention to society's perception of the unacceptably unmarried and pregnant body, which immediately preoccupies Annie, raising her awareness of how her body is scrutinized and monitored by others. Among descriptions of physical experiences ("l'estomac barbouillé" (19)), the narrator notes the monitoring of Annie's body on numerous levels, including surveillance by her own mother: "J'avais peur que ma mère ne m'interroge sur mon retard. J'étais sûre qu'elle surveillait mes slips tous les mois en triant le linge sale que je lui apportais à laver" (19). Even though she no longer lives with her parents, she feels an obligation to prove she is not pregnant, and she takes great measures to alleviate all suspicion: "A un moment, j'ai eu un rapide et bref écoulement de sang rosâtre. J'ai déposé le slip et le pantalon de toile tachés sur le tas de linge sale, bien en évidence. (Agenda : "Un épanchement sans suite. De quoi donner le change à ma mère")" (22). By concealing her pregnancy from her family, she shelters them from shame before their tight-knit community and the Catholic church. Naturally, her body is condemned in the eyes of the Catholic Church because of her out-of-wedlock pregnancy

that she wishes to terminate. Although Annie's relationship to her religion was obviously strained before the pregnancy, she almost instinctively seeks help from the church in her time of need. Yet, her unwed, aborting body prevents her from consulting a priest because she understands that it has no place in a Catholic church.

The relationship between unmarried mothers and lower social classes prominently figures into the narrator's account of Annie's changing perceptions with pregnancy. Annie perceives an undeniable relationship between her unwanted pregnancy and her inferior social status, a class that she had attempted to overcome with her higher education. Extra-marital pregnancy, like alcoholism, was typically associated with an inferior, working class: "J'établissais confusément un lien entre ma classe sociale d'origine et ce qui m'arrivait [...] Mais ni le bac ni la licence de lettres n'avaient réussi à détourner la fatalité de la transmission d'une pauvreté dont la fille enceinte était, au même titre que l'alcoolique, l'emblème" (29).²⁵⁷ Her body's pregnancy appears to fall victim to an inescapable social state, condemning her to abandon her studies. Potential

²⁵⁷ Scientific studies in the 1950s conducted very limited, most likely very flawed surveys that concluded that the vast majority of French women in and around Paris were either "employées" (40%) or "ouvrières" (34%), with students representing only 19% of the total population. 50% of single women who had abortions were categorized poor. The paper admits that the data reflects only women who accepted to fill out the questionnaire or who sought treatment in a hospital following the procedure. It also appears that many French women sought abortions abroad, as one statistic by the Service de santé du canton de Genève shows: "67% des femmes qui demandaient une interruption de grossesse étaient françaises" (Aron 138). This article also describes the most popular method of abortion in 1950 as "la sonde." The particular procedure that Ernaux describes is referred to as "la sonde sèche," which involves inserting a medical sound into the uterus and waiting anywhere from hours to days for the fetus to miscarry. Sutter, Jean. "Résultats d'une enquête sur l'avortement dans la région parisienne." *Population*. 5.1. 1950. 77-102.

Lorraine Day remarks that over half of the literary reviews of *L'événement* fail to note that the outlawing of abortion affected women of lower classes more than bourgeois women.

Day, Lorraine. "L'écriture dans l'entre-deux temporel: une étude de *L'événement*." Paris: Artois Presses Université: 2004. 57-69.

For a detailed history of common abortive methods used in 20th century France, see Chapter 3 of Jean-Yves Le Naour's *L'histoire de l'avortement* (2003).

motherhood represents an inevitable loss in intellectual capacity that accompanies her physical state: “Maintenant, le “ciel des idées” m’était devenu inaccessible, je me traînais au-dessous avec mon corps embourbé dans la nausée” (45-6). She ceases to be able to produce written work at all, abandoning both her thesis and novel: “Dans mon agenda: “Je n’écris plus, je ne travaille plus. Comment sortir de là”. J’avais cessé d’être ‘intellectuelle’ ” (46). Annie perceives the pregnant body as an irrational, uncreative, ignorant one, blinded by impending motherhood. Her decision to abort the fetus thus serves to reclaim her body and mind and represents a refusal to abandon her intellectual aspirations. Yet, if she aborts, she must break the law and reduce herself to the status of a common criminal.

Annie’s bourgeois male colleagues’ perceptions of her body change with her pregnancy. As a pregnant female, they value her femininity over her intellect, which leaves Annie feeling alienated. Her pregnant state heightens her sexual attributes to some men. Others like Jean T., perceive a promiscuity that renders her body more desirable to him: “Il lui est venu un air de curiosité et de jouissance, comme s’il me voyait les jambes écartées, le sexe offert” (31).²⁵⁸ In his eyes, she transforms into a promiscuous girl willing to sleep with him, and is thus no longer a fellow intellectual (33). Her paradoxically ‘sterile’ body (due to pregnancy) also represents a sexual experience without consequences. Annie’s decision to seek an abortion and reject reproduction (thus

²⁵⁸ The narrator masks the names of the real people with the use of abbreviations—sometimes partial (“Jean T.”) and sometimes more cryptic (“L.B.”). She addresses and struggles with this choice within the text: “Je m’interdis d’écrire ici ces noms parce que ce ne sont pas des personnages fictifs mais des êtres réels. [...] Quand l’envie me prend de chercher ces noms dans l’annuaire du Minitel, je sens aussitôt mon erreur” (51).

solely embrace her sexual side) proves to be even more seductive to men: “Mon désir d’avorter suscitait une espèce de séduction” (57).

The narrator carefully depicts the gap between the rhetoric of moral and ethical arguments about abortion and the lived experience of the woman, while illustrating the exclusion of the female perspective from these discussions. Since Annie requires financial assistance to pay for the expensive, illegal procedure, her body’s future is entirely dependent on the personal convictions of others. With each attempt to find help, she discovers that her future and body is at the intersection of philosophical and ethical debates concerning abortion, entirely reliant on others. In spite of Jean T.’s willingness to commit adultery with a pregnant woman, he finds himself ethically unable help her:

Les filles qui voulaient avorter n’entraient pas dans le cadre moral fixé par le Planning familial auquel il appartenait. Ce qu’il désirait, c’était rester aux premières loges et continuer de savoir la suite de mon histoire. Quelque chose comme tout voir et rien payer : il m’avait prévenue qu’en tant que membre d’une association militant en faveur de la maternité désirée, il ne pourrait pas “moralement” me prêter de l’argent pour avorter clandestinement (35).

Her decision to abort is judged by those who would not be affected by the consequences of an extra-marital birth: “ Il a essayé ensuite de me persuader de suivre la “loi naturelle”, de ne pas commettre ce qui était pour lui un crime ” (57). For her fellow students, the reluctantly pregnant body is the juncture of a spirited philosophical debate, not a physical reality. The man responsible for her pregnancy even releases himself from accountability, further alienating her: “ Le seul à ne pas paraître intéressé était celui dont j’étais enceinte, qui m’envoyait de Bordeaux des lettres espacées, dans lesquelles il évoquait allusivement les difficultés pour trouver une solution. (Dans l’agenda, “Il me laisse me débrouiller seule”) ” (58). Unlike Jean T., this man no longer desires or acknowledges her body,

which no longer interests him and is no longer his concern. Since his body is not at all affected by the pregnancy, he can move on and blame the situation on her carelessness. The responsibility is Annie's alone while others judge and debate the topic.

As the narrator writes these exclusions, she hones in on how even physical changes separate her from society (48). Annie perceives her body as departing from a youthful, feminine state as it becomes increasingly maternal: “ J’ai pensé que c’était ma dernière photo de jeune fille, évoluant dans l’ordre invisible, et perpétuellement présent, de la séduction ” (48). At the same time, she increasingly denies personal desires and no longer views herself as a sexual being: “ Rien n’empêchait donc un sexe de se tendre et de s’ouvrir, même quand il y avait déjà dans le ventre un embryon qui recevrait sans broncher une giclée de sperme inconnu. Dans l’agenda, “ Dansé avec un garçon romantique, mais je n’ai pas pu faire quoi que ce soit ” ” (49). The narrator also realizes that her preoccupation with her body prevents her from resembling and identifying with other young women with their “ventres vides” (28) and their trivial problems: “ Il me semble avoir retenu toutes les choses que cette fille m’a dites ce jour-là,[...] sans doute en raison même de leur insignifiance, qui avait alors pour moi un sens terrifiant, celui de mon exclusion du monde normal ” (49). Annie’s sense of alienation is thus complete, her body is entirely marginalized and her situation appears frighteningly unique.

Confronting the medical surveillance of pregnancy

Within the account, the narrator carefully depicts how the female reproductive body is managed and monitored by the medical community, confronting how it failed and

deceived Annie. When Annie finally accepts her pregnant state and decides to terminate it, for instance, she consults a gynecologist to relieve her of this undesired condition: “Fin octobre, j’ai cessé de croire qu’elles [mes règles] pourraient revenir” (18). Her gynecologist interprets her symptoms and confirms her pregnancy, but deceives her and directly acts against her wishes.

Juste au moment où je descendais de la table, mon gros pull vert retombant sur mes cuisses, le gynécologue m’a dit que j’étais sûrement enceinte. Ce que je prenais pour un mal à l’estomac était la nausée. Il m’a tout de même prescrit des piqûres pour faire revenir les règles mais il n’avait pas l’air de croire qu’elles auraient de l’effet (21).

The doctor follows what Christine Détrez describes as “la loi d’obligation de maternité” (108) and prescribes shots to allegedly stimulate the return of her period, that are actually prenatal vitamins (or Distilbène?) used to prevent miscarriage (44).²⁵⁹ Legally bound to ensuring a healthy pregnancy, the doctor lies and denies her body of its self-determination.²⁶⁰ When she later requests another doctor’s assistance, he too prescribes medication to ensure a healthy pregnancy before sending her away: “Il m’a prescrit des ampoules de calcium et des piqûres d’œstradiol” (41). The medical community refuses to discuss the possibility of abortion, abiding by French law instead of the patient’s wishes. Doctors disclose the useful information only after Annie’s abortion when they are free of

²⁵⁹ Détrez, Christine & Anne Simon. A leur corps défendant: Les femmes à l’épreuve du nouvel ordre moral. Paris: Seuil, 2006. 108.

²⁶⁰ The narrator openly acknowledges how French law reinforced her isolation and paralyzed the doctors who might have wanted to help her. Shortly after discovering her pregnancy, on a page written in italics, she quotes at length the Nouveau Larousse Universel, Edition de 1948 entry on abortion: “Dr. sont punis de prison et d’amende 1) l’auteur de manœuvres abortives quelconques; 2) les médecins, sage-femmes, pharmaciens, et coupables d’avoir indiqué ou favorisé ces manœuvres ; 3) la femme qui s’est fait avorter elle-même ou qui y a consenti ; 4) la provocation à l’avortement et la propagande anti-conceptionnelle. L’interdiction de séjour peut en outre être prononcée contre les coupables, sans compter, pour ceux de la 2^e catégorie, la privation définitive ou temporaire d’exercer leur profession” (27).

Thus, she does not blame her helplessness on the medical community itself, but on the society that put such a law in place. It is interesting to note that the legal repercussions are so intrinsically linked with the procedure that the 1948 Nouveau Larousse Universel would include these legal details in its definition.

liability: “Ricanant, “pourquoi êtes-vous allée à Paris, vous aviez dans votre rue la mère... [je ne connaissais pas le nom qu’il m’a cité], elle fait ça très bien ! ” . Maintenant que je n’en avais plus besoin, il se levait des faiseuses d’anges de partout ” (104).

Likewise, during Annie’s interactions with the medical community, the very word “*avortement*” is never pronounced because it exists outside the legal and ethical realm of 1960s France: “ Ni lui [le médecin], ni moi n’avions prononcé le mot avortement une seule fois. C’était une chose qui n’avait pas de place dans le langage” (54). In a 1948 Nouvelle Larousse definition that interrupts the narrative and appears after the narrator decides to write the “cet événement *inoublable*” (26), the word “*avortement*” does not precede the definition. It is only contained within the paragraph describing the punishments that will result from performing the illegal procedure. This association with the punitive repercussions of writing or pronouncing the word is repeated several times within the narrative when Annie asks doctors to “faire revenir les règles” (41), instead of directly requesting an abortion. Havercroft attributes this use of euphemisms to avoid a punishment that may ensue: “C’est comme si la seule énonciation dans la sphère double du criminel et du pécheur. En effet, nommer l’acte semble suffire pour le faire exister, et pour entraîner toutes les conséquences néfastes qui lui sont associées” (134). As Havercroft remarks, this stylistic choice reinforces an apparent belief that writing the word would be as incriminating and illegal as the procedure itself (134). By avoiding the use of the word, Annie also refuses to associate her body with the lowly, criminal class. To her, only women of lower classes lose control of their bodies and seek these illicit procedures, not intellectuals. This word, *avortement*, appears to exist outside of language

itself. Only the narrator, through her retrospective metanarrative interventions, pronounces “avortement”.

Annie struggles to find words in French medical terminology to differentiate between a pregnant body that will give birth to a live baby, and one that will terminate the pregnancy, identifying the void highlighted by Luc Boltanski.²⁶¹ The overlapping terminology used to describe two completely different situations and bodies fails to address a woman’s perception of her physical state. Phrases designating pregnancy escape her, in part because she does not perceive her condition as capable of resulting in a birth.

Pour penser ma situation, je n’employais aucun des termes qui la désignent, ni “j’attends un enfant”, ni “enceinte”, encore moins “grossesse”, voisin de “grotesque”. Ils contenaient l’acceptation d’un futur qui n’aurait pas lieu. Ce n’était pas la peine de nommer ce que j’avais décidé de faire disparaître. Dans l’agenda j’écrivais : “ça”, “cette chose-là”, une seule fois “enceinte” (28)

Barbara Havercroft explains this use of euphemisms (“ça,” “cette chose- là”) by reflecting on a stylistic definition of the term: “Rappelons que l’euphémisme est une figure qui “repose sur une réduction de l’information”, présentant “le réel sous un éclairage favorable”” (134).²⁶² Since Annie terminates her pregnancy in the first trimester, she only begins showing physical signs of pregnancy and experiences difficulty accepting its pregnant state: “Mes fesses et mes seins tendaient mes robes, j’étais lourde,

²⁶¹ Boltanski, Luc. *La Condition Fœtale: Une sociologie de l’engendrement et de l’avortement*. Paris: Editions Gallimard, 2004. 263.

²⁶² Havercroft, Barbara. “Subjectivité féminine et conscience féministe dans *L’événement*.” *Annie Ernaux, une œuvre de l’entre-deux, études réunies par Fabrice Thumerel*. Paris: Artois Presses Université: 2004. 123-138.

Klein-Lataud, Christine. *Précis des figures de style*. Toronto: Editions du GREF- Collection “Traduire, Ecrire, Lire.” 1991. 97.

When referring to her pregnancy, the narrator uses the terms “mon état” (65), “ma situation” (28), “la réalité” (18), “Il faut que cette chose-là parte” (36), among others.

mais les nausées avaient cessé” (60). Before the more dramatic bodily changes, Annie can perceive her body both ways, as pregnant and not. She can at least temporarily mentally erase her pregnancy and deny its existence: “ Il m’arrivait d’oublier que j’étais enceinte de deux mois. C’est sans doute à cause de cet effacement de l’avenir, par lequel l’esprit endort lui-même l’angoisse de l’échéance, qu’il sait pourtant inévitable, que des filles laissaient passer les semaines ” (60). Cognitively, she understands that the pregnancy could result in a child, but she also knows that she will not allow this to occur : “je me touche le ventre, c’est là. Et pas davantage d’imagination. Si je laisse faire le temps, en juillet prochain, on sortira un enfant de moi. Mais je ne le sens pas” (60). The pregnancy moves from a physical ‘reality’ to an abstraction as her abortion approaches, leaving proof of its existence only in her writing : “ Dans mon journal, “ j’ai l’impression d’être enceinte avec abstraction ” ” (60). The fetus represents more closely a cancerous growth that needs to be extracted than a child. Her inability to find a French word to accurately describe her situation reflects how Annie does not perceive her pregnancy as society and medicine might expect.

Just as medicine refuses her the procedure, it seems to withhold information about abortion. Even when Annie discovers medical publications, they fail to present unbiased accounts of this ‘criminal’ procedure:

Si beaucoup de romans évoquaient un avortement, ils ne fournissaient pas de détails sur la façon dont cela s’était exactement passé. Entre le moment où la fille se découvrait enceinte et celui où elle ne l’était plus, il y avait une ellipse. A la bibliothèque j’ai cherché dans le fichier au mot “ avortement ”. Les références ne concernaient que des revues médicales. J’en ai sorti deux, *Les archives médico-chirurgicales* et *La revue d’immunologie*. J’espérais trouver des renseignements pratiques mais les articles ne parlaient que des suites de “ l’avortement criminel ”, et celles-ci ne m’intéressaient pas (37).

The texts on abortion that Annie finds are all centered on its illicit nature and serve to discourage individuals from participating in the procedure as doctors and patients. Without the concrete knowledge and medical means to terminate her pregnancy, Annie must resort to the rudimentary methods of unconfirmed rumors and tales. Annie's pathetic attempts to take control of her body's reproductive destiny with knitting needles reinforces her feeling of helplessness ("impuissance" (53)) concretizing her lack of self-determination and loss of agency: "Je n'avais pas de solution. J'avais décidé d'agir seule" (52). Knitting needles, a tool of housewives not students, represent her last hope. She finds the pair of needles at her childhood home that she had bought to make a garment that she never completed (52). Just as Annie failed to complete her knitting project, she cannot terminate her own pregnancy: "Le lendemain matin, je me suis allongée sur mon lit et j'ai glissé l'aiguille à tricoter dans mon sexe avec précaution. Je tâtonnais sans trouver le col de l'utérus et je ne pouvais m'empêcher d'arrêter dès que je ressentais de la douleur" (53). Annie's other attempts to determine her own body's future by riding horses and falling during a ski trip and all fail to trigger a miscarriage, reinforcing her powerlessness in this situation (66). This illustration of the power of withholding knowledge ("renseignements pratiques" (37)) inspires the older narrator's personal quest to fill this void.

Writing the collective experience

Through her writing, the narrator seeks to fill this perceived void around abortion. She reflects at length on how this unspoken, unwritten procedure does not appear in

scholarly or literary realms either, and only leaves mythical traces in local folklore, small town rumors, and books (30). Such exclusions reinforce the marginalization of the reluctantly pregnant body within the intellectual sphere, but also prove the impotence of “provincial” sources. If women of lower classes frequently seek abortions as Annie believes, they do not leave behind useful clues of how to terminate a pregnancy. Annie does not “belong” to this class either, so she lacks direct access to their knowledge.

Depuis l’adolescence, j’avais accumulé des récits, lus dans des romans, apportés par la rumeur du quartier dans les conversations à voix basse. J’avais acquis un savoir vague sur les moyens à utiliser, l’aiguille à tricoter, la queue de persil, les injections d’eau savonneuse, l’équitation— la meilleure solution consistant à trouver un médecin dit “marron” ou une femme au joli nom, une “faiseuse d’anges”, l’un et l’autre très coûteux mais je n’avais aucune idée des tarifs (30).

Her occasional encounters with marginally relevant texts of Eluard, Breton, and d’Aragon, motivate her need for graphic, bodily accounts, preferably by those who have lived the experience: “Çà et là, je notais une phrase qui se rapportait à mon sujet” (45). This ellipsis in detailed writings on abortions deeply impacts Annie’s physical, social, and financial reality.²⁶³ The narrator identifies the silence surrounding the procedure as her primary impetus to continue to write her difficult account: “Et si je ne vais pas au bout de la relation de cette expérience, je contribue à obscurcir la réalité des femmes et je me range du côté de la domination masculine du monde” (53).

As the narrator consciously works to fill this literary ellipsis, she promotes a sense of collectivity with the many other women who lived through the procedure: “ Des milliers de filles ont monté un escalier, frappé à une porte derrière laquelle il y avait une

²⁶³ According to Ernaux’s footnote, the cost for the procedure was 400 Francs or 6000 Francs in the year 2000 or about \$1200. This footnote demonstrates the author’s urgency for her readers to entirely understand the financial circumstances. This amount varied greatly over the years. Gauthier cites women paying between 200 and 3000 francs for the procedure (Gauthier 50).

femme dont elle ne savaient rien, à qui elles allaient abandonner leur sexe et leur ventre ” (70). While preserving her friend’s privacy, she commends her fellow student, L.B., who also underwent the procedure and provided the detailed information, personal story, financial support, and address that Annie needs to survive the procedure: “Une adresse et de l’argent, c’était les seules choses au monde dont j’avais besoin à ce moment-là” (62). The narrator values L.B.’s personal experience the most, because it offers Annie living proof that she could survive the ordeal:

L.B. m’exposait avec tranquillité, enjouement même, la façon de procéder de Mme P.-R. : à l’aide d’un spéculum, elle introduisait une sonde dans le col de l’utérus, il n’y avait plus qu’à attendre la fausse couche. Une femme sérieuse et propre, qui faisait bouillir ses instruments. Tous les microbes, cependant, n’étaient pas détruits par l’ébullition et L.B. avait attrapé une septicémie. Cela ne m’arriverait pas si je me faisais prescrire des antibiotiques [...] (61).

L.B.’s narrative serves as a precedent for Annie’s experience, giving her the impression of belonging to a collective female experience, freeing her from feelings of isolation and alienation. The narrator reflects on this woman in a long passage set apart in parentheses: “ (Je suis réduite aux initiales pour designer celle qui m’apparaît maintenant comme la première des femmes qui se sont relayées auprès de moi, ces passeuses dont le savoir, les gestes et les décisions efficaces m’ont fait traverser, au mieux, cette épreuve [...]” (62). The narrator commemorates L.B.’s generous deed in her writing, and returns the favor by writing her own lived experience for other women to read.

The narratives of women who died from the procedure are interwoven with the story of Annie’s experience, underscoring not only her anxiety, but the true dangers that this home-procedure pose to the female reproductive body (74-7). As Annie lies on a kitchen table, she listens to the woman’s stories of other abortions performed incorrectly.

During this moment of utter helplessness, the abortionist empowers her with these stories (74). Only on the table, surrendering her body to a complete stranger, can she fully appreciate the collectivity.

Pendant que je me déshabillais, elle m’a demandé “est-ce que vous avez été dépucelée ? Elle m’a fait placer le haut du corps sur le lit, la tête sur un oreiller, les reins et les jambes, pliées, sur la table, en position surélevée. Elle ne cessait pas de parler en s’affairant, spécifiant une nouvelle fois qu’elle introduisait juste la sonde, rien d’autre. Elle m’a cité le cas d’une mère de famille trouvée morte la semaine d’avant, laissée sur la table de la salle à manger par une femme qui avait injecté de l’eau de Javel (76).

Until her abortion, Annie had worked to escape her place in the working class and domestic sphere, the space that offers her the freedom that she seeks. She must “abandonner” (70) and “confier l’intérieur de mon ventre ” (71) to a woman of inferior social status, Mme P.-R, “une aide-soignante d’un certain âge” (60). Annie who once sought to avoid this class, age, and domesticity, now must rely on them entirely. In spite of a domestic setting, the protocol is extremely impersonal and strict : “Elle allait à l’essentiel, date des dernières règles, prix, technique utilisée ” (72). The “faiseuse d’anges” insists on her duty to perform this procedure safely to prevent further deaths. The procedure itself—which consists of inserting a sound (*sonde*) to trigger a miscarriage within hours to days—Annie perceives as an invasion. Her body is vulnerable to both legal and biological punishment.²⁶⁴ Still, as the narrator writes the procedure, she makes Annie’s story part of a collective experience with unseen counterparts.

Il y a eu une douleur atroce. Elle disait, “ arrêtez de crier, mon petit ” et “ il faut bien que je fasse mon travail ”, ou peut-être d’autres mots encore qui ne signifiaient qu’une chose, l’obligation d’aller jusqu’au bout. Des mots que j’ai retrouvés ensuite dans des récits de femmes qui avortaient clandestinement,

²⁶⁴ Thibout describes the sound: “ Instrument cylindrique et allongé, plein ou creusé, destiné à être introduit dans un trajet ou une cavité pathologiques. Elles servent ici à dilater le col utérin ” (249).

comme s'il ne pouvait y avoir, à ce moment-là, que ces mots de la nécessité et, parfois, de la compassion (77).

The narrator carefully records both the intimate and technical details of the procedure, while dedicating time to recording Annie's lived experience. She embraces her own duty to record her perspective, pain, and story.

Je ne sais plus combien de temps cela lui a pris pour enfoncer la sonde. Je pleurais. J'ai cessé d'avoir mal, seulement une sensation de pesanteur dans le ventre. Elle a dit que c'était fini, je ne devais toucher à rien. Elle avait mis une grosse couche de coton, au cas où je perdrais de l'eau. Je pouvais aller aux cabinets tranquillement, marcher. Dans un ou deux jours ça partirait, sinon il fallait lui téléphoner. Nous avons bu du café ensemble dans la cuisine (78).

Writing le (mal)heureux événement : Delivering death, delivering life

“ C'est une scène sans nom, la vie et la mort en même temps ” (91)

Accurately communicating the lived experience of the miscarriage (an event so rarely written) remains as the narrator's greatest challenge. Annie initially experiences this period of time as one of denial, not of loss: “ Il ne se passait rien. Je ne ressentais pas de douleurs. [...] j'ai noté à la date du vendredi 17, “ j'attends toujours. Demain je retournerai chez la faiseuse d'anges puisqu'elle n'a pas réussi ” ” (80). She perceives this interval as yet another failure to control her own reproductive body and future. Since the expulsion of the fetus is not immediate, she returns to the abortionist, this time more aware of her surroundings allowing her to actually see the replacement “ sonde ”: “ J'ai compris que c'était la nouvelle sonde qu'elle comptait me poser. Je n'avais pas vu la première. Cela ressemblait à un serpent. A côté de la cuvette était posée une brosse à cheveux ” (81). The proximity of this device and the hairbrush illustrate an uncanny

banality of the situation. A biblical allusion to Eve's encounter with the snake in the Garden of Eden underscores a subconscious perception of the sin of her act.

This denial is echoed when the narrator captures Annie's struggles to find and accept the vocabulary to describe her bodily experience when her body begins to abort the fetus. Mme P.-R. employs a vocabulary typically used to describe live births: "Elle s'est écriée, "vous êtes en plein travail!". C'était une phrase de sage-femme. Je n'avais pas pensé jusqu'ici que tout cela pouvait se comparer à un accouchement" (82). By failing to create a vocabulary that distinguishes between the live birth and the abortive experience, the medical community (and church, society, etc) implicitly condemns the woman's actions. This "delivery" does not result in a child, *ergo* it constitutes a crime and sin. Shame haunts Annie during the few days that she lives with the sound firmly in place, heightening her consciousness of her reproductive body. A doctor advises her to use "Masogynestril," to alleviate the pain, but does not give her a prescription. When the pharmacists insist on a prescription, she experiences a feeling of transparency as though they understand what she has done: "L'absence d'ordonnance signalait ma culpabilité. J'avais l'impression qu'ils voyaient la sonde à travers mes vêtements" (85). The instrument becomes a part of her crime and body: "La sonde ne me gênait plus. C'était un objet qui faisait partie de mon ventre, une alliée à laquelle je reprochais seulement de ne pas agir assez vite" (87). After recounting the miscarriage, parentheses enclose the narrator's doubts on the accuracy of her story (" (Je ne suis plus sûre qu'elle ait gardé ses chaussons [...])" (79)), stressing how there is almost no evidence that it occurred. Only her body "remembers" it.

The narrator faithfully chronicles every stage of the miscarriage without reserve and in graphic detail, from the initial bleeding to the contractions and the final expulsion of the fetus. The story begins when the stain that Annie yearned to find in her underwear at the beginning of the narrative, finally appears.

Dans le journal, au 19 janvier: “ De petites douleurs. Je me demande combien il va falloir de temps à cet embryon pour mourir et être expulsé. Un cliron jouait La Marseillaise, des rires à l’étage au-dessus. Et tout cela, c’est la vie. J’ai vérifié mon slip. Il était trempé de sang et d’eau s’écoulant le long de la sonde qui commençait à ressortir du sexe (88).

Just as the miscarriage begins, “La Marseillaise” ironically plays in the background underscoring the State’s impact on her experience. The narrator uses analogies with similar past experiences to best convey her feelings to the reader. She follows this discovery of the stain with a brief memory of her cat who died giving birth and seemed to disappear, leaving only a blood stain behind : “ (Sur cette image en glisse maintenant une autre, antérieure de neuf ans. Celle de la grande tache rosée, de sang et d’humeurs, laissée au milieu de mon oreiller par la chatte morte pendant que j’étais à l’école et déjà enterrée quand je suis revenue, un après-midi d’avril, avec ses chatons crevés à l’intérieur d’elle) ” (89). This association gestures towards the thousands of women who quietly died following an abortion.

When “labor” finally begins, the narrator describes Annie’s body at the site of life and death, which drastically alters her body image and lessens the abstract dimension of her pregnancy. McIlvanney, like many critics, has noted an obvious “life denying/life giving symbolism” with her abortion (166). The narrator captures Annie’s initial disbelief that her body could create this unwanted being, reflecting her inability to acknowledge and control the reproductive dimension of her body. Annie experiences the trauma of the

delivery and expulsion of the fetus alone in a bathroom, likening it to defecation of a being, approaching Kristeva's notion of the abject.

J'ai ressenti une violente envie de chier. J'ai couru aux toilettes, de l'autre côté du couloir, et je me suis accroupie devant la cuvette, face à la porte. Je voyais le carrelage entre mes cuisses. Je poussais de toutes mes forces. Cela a jailli comme une grenade, dans un éclaboussement d'eau qui s'est répandue jusqu'à la porte. J'ai vu un petit baigneur pendre de mon sexe au bout d'un cordon rougeâtre. Je n'avais pas imaginé avoir cela en moi. Il fallait que je marche avec jusqu'à ma chambre. Je l'ai pris dans une main—c'était d'une étrange lourdeur— et je me suis avancée dans le couloir en le serrant entre mes cuisses. J'étais une bête (91).

This primal scene of miscarriage communicates Annie's perception of her "animalistic" side (*une bête*). As she contemplates the dead fetus, it gradually moves from a non-being ("cela") to a "grenade" to an invasive "petit baigneur" and back to a "cela" reflecting Annie's difficulty negotiating how she will perceive it. The narrator's clever metaphors effectively depict thoughts of violence and destruction. "Une grenade", for instance, conveys violence, but also a fruit (of her womb). Punishment and suicide are suggested as well ("pendre [...] au bout d'un cordon"). Following this account, the narrator reflects on her choice of words and finds herself satisfied with the account of her lived experience.

" (Je viens de retrouver dans mes papiers cette scène déjà écrite, il y plusieurs mois. [...] Ce sont toujours aussi les mêmes comparaisons qui me sont venues à chaque fois que j'ai pensé au moment où j'avorte dans les toilettes, le jaillissement d'un obus ou d'une grenade, la bonde d'un fût qui saute. Cette impossibilité de dire les choses avec des mots différents, cet accolement définitif de la réalité passée et d'une image à l'exclusion de toute autre, me semblent la preuve que j'ai *réellement* vécu *ainsi* l'événement.) " (94).

The narrator works to transform the "delivery" into a deliverance of sorts. As Annie's female friend, O., attempts to help her stop hemorrhaging, she views it as a fetus, and her act, as a human sacrifice. Annie could now continue her life as an intellectual.

Je suis assise sur le lit avec le fœtus entre les jambes. [...] Nous regardons le corps minuscule, avec une grosse tête, sous les paupières transparentes les yeux font deux taches bleues. On dirait une poupée indienne[...] C'est une scène sans nom, la vie et la mort en même temps. Une scène de sacrifice (91).

Annie literally flushes the aborted fetus down the toilet, literalizing this metaphor of “birth as defecation” along with her “problèmes de tuyauterie.”

Due to complications following the abortion, Annie requires medical assistance and must abandon her body to male doctors that the narrator harshly criticizes for their lack of compassion. After the first doctor refuses to treat her and implicate himself in the crime, he charges her for the visit and sends her to the infamous Hôtel-Dieu. At Hôtel-Dieu, a young doctor perceives her as a low-class criminal, confirming her fear.

Dans la salle d'opération, j'ai été nue, les jambes relevées et sanglées dans des étrières sous une lumière violente"[...] Il s'est planté devant mes cuisses ouvertes, en hurlant “ je ne suis pas le plombier ! ” Ce sont les dernières paroles que j'ai entendues avant de sombrer dans l'anesthésie (96).

The doctor's exclamation reinforces her previously-established “plumbing” metaphor, by reducing her body to a system of plugged or leaking pipes. Annie fears retaliation on her reproductive body for her crime : “J'ai demandé si on m'avait enlevé les ovaires ” (97).²⁶⁵ During her recovery in the hospital, the doctor recognizes Annie as a fellow student (“de son monde à lui” (100), and thus an equal. Annie's actions have reestablished her identity as an intellectual. Her “un-pregnant” status now allows her to regain her equal ground.²⁶⁶ The narrator carefully charts how Annie's friendships and scholarship immediately return

²⁶⁵ The fear of an ovariectomy also appears in Darrieussecq's *Truismes* following a medical intervention after her miscarriage.

²⁶⁶ The narrator's final parenthetical intervention occurs after she recounts her mistreatment by the intern, fifteen pages before the end of the text. Within the parentheses, the narrator contains her anger against this man and discusses her decision to omit his name from the text (100).

following the abortion, demonstrating how the fetus was sacrificed for her intellectual life.

The narrator reflects at length on how the abortion impacts Annie's body image, even though the procedure was entirely internal and left no visible, external scars. Yet, Annie perceives her body very differently because of this lived experience and identifies with her mother's tired, worn body. She experiences not only the loss of the fetus, blood, and her dignity, but of her youthful, untainted body that was torn open and put on display, very reminiscent of the abortion scene in Truismes :

J'ai su que j'avais perdu dans la nuit le corps que j'avais depuis l'adolescence, avec son sexe vivant et secret, qui avait absorbé celui de l'homme sans en être changé— rendu plus vivant et plus secret encore. J'avais un sexe exhibé, écartelé, un ventre raclé, ouvert à l'extérieur. Un corps semblable à celui de ma mère (98).

Her body reacts to her abortion as though it had just delivered a child, forcing her to acknowledge once again its reproductive nature: “Mes seins se sont mis à gonfler et à me faire mal. On m'a dit que c'était la montée laiteuse. Je n'avais pas imaginé que mon corps puisse fabriquer du lait pour nourrir un fœtus mort de trois mois ” (101). Medical records describe Annie's uterus with the term “utérus gravide,” which refers to the pregnant uterus containing the fetus, placenta, umbilical cord, and amniotic fluids. The deliberate omission of any mention of the abortion perturbs her because the medical records do not accurately acknowledge her experience in writing. The abortion itself is written out of her medical history:

Il y avait écrit, “ utérus gravide ”. Je lisais ce mot “ gravide ” pour la première fois, il me déplaisait. En me rappelant le mot latin—gravidus, lourd—le sens m'est apparu. Je ne comprenais pas pourquoi on écrivait cela puisque je n'étais plus enceinte. On ne voulait donc pas dire ce que j'avais eu (98).

Yet, the term does reflect how she perceives her body at once as the “cuvette ” (uterus) that held the “ sonde ” (umbilical cord) during the abortion (92): “ Mon ventre était une cuvette flasque ” (98).²⁶⁷ Even her legs appear altered by the experience: “ Je regarde mes jambes en collant noir allongées au soleil, ce sont celles d’une autre femme ” (105). Her body bears signs of this lived reproductive experience that she initially fears are visible to others: “ Il a enlevé mon pull et mon soutien-gorge, je voyais mes seins menus et affaissés ” (108). She attempts to alter her external physical appearance seemingly to more appropriately fit her current body image: “ J’ai fait couper mes cheveux longs, j’ai remplacé mes lunettes par des lentilles dont l’ajustement sur l’œil me paraissait aussi difficile et hasardeux que celui du diaphragme au fond du vagin ” (111). Annie experiences a heightened perception of her internal organs that she once ignored, while the narrator perceives these changes as evidence of the difficult experience her body endured (Havercroft 137).

Once the narrator finishes her work, she rearticulates a desire to communicate this lived, physical experience as a deeply human one that is often silenced:

J’ai fini de mettre en mots ce qui m’apparaît comme une expérience humaine totale, de la vie et de la mort, du temps, de la morale et de l’interdit, de la loi, une expérience vécue d’un bout à l’autre au travers du corps (112).

She values the lived experiences of the female body as she commits them to writing. These physical perceptions are all that remain because Annie’s abortion left so little

²⁶⁷ “ En écrivant, je dois parfois résister au lyrisme de la colère ou de la douleur. Je ne veux pas faire dans ce texte ce que je n’ai pas fait dans la vie à ce moment-là , ou si peu, crier et pleurer. Seulement rester au plus près de la sensation d’un cours étale du malheur telle que me l’ont donnée la question d’une pharmacienne et la vision d’une brosse à cheveux à côté de la cuvette d’eau où trempait une sonde ” (86).

evidence that it occurred.²⁶⁸ Medical records and her own journal simply leave traces of the event's existence:

(Se pose toujours, en écrivant, la question de la preuve : en dehors de mon journal et de mon agenda de cette période, il ne me semble disposer d'aucune certitude concernant les sentiments et les pensées, à cause de l'immatérialité et de l'évanescence de ce qui traverse l'esprit [...] La seule vraie mémoire est matérielle)(68).

The creation of this work allows the narrator to consolidate the proof, memories, and physical changes into a unique, coherent narrative of the lived experience of abortion.

Thus, through L'événement, Ernaux boldly tackles the composition of a lived experience of abortion. Her "simple" style and abundant use of parenthetical comments mimic and reflect the complex inner struggles and individual bodily alienation experienced during the pregnancy and abortion itself. Ernaux exposes the multiple perspectives converging on this female reproductive body from a first-person point-of-view, revealing the complicated politics around it. The narrative becomes a *mise en scène* of the abortion debate offering a variety of perspectives on the issue—most importantly perhaps, the perception and voice of the pregnant body in question. Class, gender and sexuality, three strong forces in Ernauxian works, interact with the female reproductive body in fresh ways as Ernaux contributes to an ever-growing corpus on subversive bodily experiences. She modernizes the question of whether to prioritize the life of "la mère ou l'enfant" taking into consideration the consequences of pregnancy on one's intellectual/professional life and goals. The difficulty to "expulse the work," find the

²⁶⁸ " (Impression fréquente encore de ne pas aller assez loin dans l'exploration des choses, comme si j'étais retenue par quelque chose de très ancien, lié au monde des travailleurs manuels dont je suis issue qui redoutait le "casement de tête" ou à mon corps, à ce souvenir-là dans mon corps) (46). "

words, locate memories, is tangible on the level of the writing as well. Simultaneously, she documents a physical experience that could be helpful to others by exposing this body's position at the intersection of legal, economic, social, cultural, moral, religious, and medical discourses during a time of intense social scrutiny and debate.

By confronting the lack of bodily self-determination, Ernaux provides unique perspective on the impact of voluntary abortion on body image. Yet, these perceptions of the body reveal its precarious position at the intersection of legal, economic, social, cultural, moral, religious, and medical discourses during a time of intense social scrutiny and debate and boldly work to provide an alternative, even subversive perspective of this body and its experiences. An abortion narrative to Ernaux consists of capturing and conveying the perceptions and voice of the female body, the hesitations involved (both in going through with the procedure and writing it), addressing the forces that attempt to censor or prevent it, and the acknowledgment of a sense of female collectivity when facing abortion. Thus, Ernaux captures her hesitations, omissions, and fears, while creating a portrait of the complicated nature of the lived experience of pregnancy loss.

Un avortement thérapeutique?: Justine Lévy's Rien de grave (2004)

One day, I felt like it was in my head, *et c'est devenu physiquement nécessaire*, to write [...] And it was very uncomfortable to have all these words in my head and in my body, so it was like a catharsis. I don't know. It was very physically painful, not to write about it.²⁶⁹

²⁶⁹ Kolhatkar, Sheelah. "It's A *Chatte*fight As Novelist Lévy Nips Carla Bruni." *Observer.com*. New York Observer. 3 October 2005. Web. 29 December 2007.

In 2004, Justine Lévy, daughter of renowned philosopher Bernard-Henry Lévy, published the best-seller, Rien de Grave and won the Grand Prix Littéraire de l'Heroïne. Often described as a *roman à clef*, this work inspired by her own “raw material” and closely resembling her personal life, itself stirred controversy due to the portrayal of thinly veiled characters’ with ‘obvious’ real-life counterparts—including her ex-husband and his supermodel mistress, Carla Bruni.²⁷⁰ While critically acclaimed in France and so widely read in Europe that it pushed Dan Brown’s The Da Vinci Code off the European best-seller lists, this novel is at first glance simply a love story. (Perhaps this impression explains why no scholars have approached this work.)

Yet, while at first glance Lévy’s novel may appear to be a story of lost love, it is actually centrally concerned with finding a means to recount the excruciating lived experience of a late-term, therapeutic abortion. Although the narrator, Louise, does not mention the abortion until late in the narrative, every element of the narrative attempts to explain the circumstances of the abortion, describe the narrator’s state of mind, and express the long lasting consequences of the procedure on her self perception. Unlike Annie in Ernaux’s work, Louise’s hesitancy and inability to recount the abortion is not

²⁷⁰ Rien de Grave won the Prix Marie-France and Prix Vaudeville and gained much media attention. It is also among the most translated works list from Editions Stock: “Rights sold to: Italy/Frassinelli, Germany/Antje Kunstmann, Serbia/Globosino, USA/Melville (English world rights), Turkey/Dogan, The Netherlands/Prometheus, Portugal/Ulisseia, Bulgaria/Pulsio; China (simplified characters)/Lijiang.” <<http://www.editions-stock.fr/media/docs/MOST%20TRANSLATED%20AUTHORS%2013-07-2007.pdf>>

It again made headlines in late 2007 when Sarkozy began openly dating Carla Bruni. The website for the Nouvel Observateur presents “Quand Justine Lévy parle de sa rivale” and selections of this novel with the following introduction (December 29, 2007): “Dans **“Rien de grave”** (Ed. Stock, 2004), Justine Lévy (Louise, dans le roman), la fille de BHL, raconte sa rupture avec son mari et qualifie sa rivale de **“Terminator”**. Raphaël Enthoven (Adrien), après avoir divorcé de Justine Lévy, s’était marié avec Carla Bruni (Paula). Morceaux Choisis.”

“Quand Justine Lévy parle de sa rivale.” *Nouvelobs.com*. 25 June 2008. Web. 4 July 2008.

Christiane Charette, interview with Justine Lévy, Littérature, Radio-Canada, Montréal, 1 May 2007.

explicitly revealed in metanarrative comments. Instead, she creates a narrative that spirals around the event, each time approaching the topic more closely. Within a story of many losses (her grandmother, her mother, her marriage, her identity), the narrator, Louise, gradually can articulate her own perception of the abortion. Close consideration of Louise's narrative of her reproductive body's experiences provides a transgressive, unique perception of pregnancy (specifically through a denial of pregnancy ("déni de grossesse,")) that counters common medical and social perceptions of it. By the end of the work, Lévy's narrator finally succeeds in writing her complicated relationship to the procedure and communicating in writing one woman's perspective of this controversial procedure, countering popular beliefs about it and the women who live it, while exposing how structures in French birth culture and biomedical technology manipulate this experience.

In Rien de grave, Lévy experiments with different ways to write the experience of therapeutic abortion.²⁷¹ Louise's narrative can be roughly divided into two parts that work to chart the story of the abortion. The first part explores the aftermath of the divorce, deteriorating bodies of mother and grandmother, and ends with the first mention of her abortion. The second part then delves into the abortion itself, gradually revealing more details to its circumstances, and culminating in an impression of healing from both the abortion and failed relationship. The narrative does not follow a chronological timeline, relying instead on a nonlinear blend of impressions and stream of consciousness-like passages and providing great insight into Louise's complicated perception of her own reproductive body and identity. In a loose, informal style

²⁷¹ I have yet to find another work of French fiction that tackles this highly controversial topic.

consisting of long, cascading sentences, studded with commas, and saturated with slang expressions, Louise recounts how her husband, Adrien abandons her for a supermodel, leaving her just as “brisée” and “cassée en mille morceaux” as her language, marriage, and fetus (10). As the reader works to piece together a timeline of the events, the narrative shifts between brief memories of her childhood, marriage, and drug abuse, and a present time, seven years following her abortion and divorce. Each element of her narrative moves closer to the abortion itself, which is not recounted until the end of the novel. The fragmented presentation communicates the narrator’s confusion about the forces that lead to her abortion, and reflects its impact on her body image.

Deteriorating reproductive bodies

In an attempt to communicate her own perception of her body, Louise describes female reproductive bodies in various stages of deterioration due to a combination of aging and therapeutic medical treatments. Louise writes her own fractured and disintegrating body by carefully capturing her mother and grandmother’s aging, dying, powerless bodies. Louise’s narrative, for instance, meaningfully opens at her grandmother’s funeral. While her grandmother was once a dominant empowering force in her life, motivating Louise to act, now all that remains is her voice on an old phone message (8-9).

123, je consulte quand même ma messagerie. Maman, en effet, papa, Gabriel et puis, dans les messages archivés, un message d’elle, ma grand-mère, sa voix qui vient de si loin et que je reconnais à peine, allô ma bébé Lou, pour elle j’étais toujours son bébé Lou, c’est sa voix, rassurante, enveloppante, allô, allô, elle m’a appelée de son petit téléphone rouge, elle aimait tant le rouge, sa voiture rouge décapotable, la moquette rouge de sa salle de bains, sa combinaison de ski rouge qu’elle me prêtait quand je voulais frimer, c’est sa voix à mon oreille, tout est

pareil, le léger temps d'arrêt après allô, le souffle d'ironie sur Ma bébé Lou alors qu'elle était si faible, déjà en train de mourir, et pourtant je ne pleure pas (9).

Her grandmother's former youth and vitality is fondly remembered, but physically absent because she succumbed to lung cancer: "Tu n'avais peur de rien, en fait, et tu as attrapé ce vilain cancer qui d'habitude ne touche que les hommes [...] tu n'avais jamais fumé de ta vie, et tu étais si jeune, si en forme" (126). Louise identifies with her grandmother and endures her own destructive cancer-like experience, which the reader retrospectively learns followed the abortion. Louise perceives a destroyed interior and feeling of physical emptiness: "Ma grand-mère est morte, mais je suis si tuméfiée à l'intérieur, désespérée, détruite, que je ne suis pas triste, et je ne pleure pas" (12).

Likewise, Louise captures her mother's deteriorating body as it battles breast cancer with invasive, destructive treatments. The ravages of the cancer, a mastectomy, and chemotherapy tear her mother's formerly beautiful body apart (16). Louise meticulously records her mother's "petite tête chauve" (15), "le prurit qui galope sur son bras" (16), her one "sein, [...] énorme, gonflé" (16), and her mastectomy's "énorme cicatrice" (16). Even her mother's interior deteriorates: "Son foie tout cinglé, tout grossi de métastases" (17). Louise fixates on the body's weakness as it struggles in vain to fight the cancer, likening it to her own body.

Unsurprisingly, Louise perceives her own body as a broken object. Not only does it endure physical battles with bulimia, anorexia, and drugs, but it simply does not function correctly (31). Louise seeks to identify the causes of this perceived physical inadequacy. Initially, she attributes her faulty body to a premature birth which delivered her underdeveloped into the world: "Quand maman m'a dit que je suis née prématurée, à

sept mois, sans sourcils, sans ongles, sans cheveux ni cils, j'ai pensé qu'il me manquait peut-être quelque chose [...] j'étais un brouillon de petite fille" (94). Louise associates these feelings of being "half-baked" ("comme une chenille recalée à l'examen papillon (95) ") and physically incomplete with a need to self-medicate, which led to her substance abuse and perhaps, to the end of her marriage. These feelings of inadequacy and guilt permeate her narrative as she moves from recounting her present relationship failures to identifying their possible origins in the past. Louise compares her own body to another mother's—Paola, Adrien's second wife and former step-mother. A former supermodel, Louise perceives Paola as plastic and unreal "comme sculpté dans la cire," both "belle et bionique" (44). Louise imagines the limitless plastic surgery that has molded her face and body: "elle l'avait choisi sur un ordinateur avec son chirurgien, alors voilà, on va vous faire des pommettes hautes, comme ça, en silicone, on va raccourcir le nez et rajouter un peu de menton pour l'équilibre du profil, très bien les yeux, rien à changer pour les yeux (44-5)." Yet, Paola's plastic, artificial body successfully reproduces and she has a son with Adrien. Her modified body is superior to Louise's natural and 'broken' one. The dense comparisons to mothers all suggest to the reader that Louise's reproductive nature may be key to her self-destructive behavior, even though the abortion is not mentioned until the middle of the text, which serves as a key turning point (95). With each account of drug abuse and failed relationships, the narrator comes closer to identifying the catalyst of her downfall, the abortion, which she appears painfully unable to articulate in writing.

Louise identifies the abortion as key to her change in self perception, revealing an experience of abortion very different from Annie's in L'événement. The abortion is a *point de repère* to chronologically situate when her husband Adrien began treating and perceiving her differently: "C'est après l'avortement qu'il s'est mis à sortir de plus en plus de son côté, sans moi, des fêtes, des mariages [...]" (96). The abortion also coincides with a more general deterioration of their marriage, change in body image, and sense of self.

N'empêche! C'est après l'avortement que je me suis vraiment mise à croire qu'il me manquait quelque chose: pas assez femme, pas assez adulte, pas assez regard de tueuse, pas assez bien pour avoir un enfant avec lui, pas à la hauteur, pas assez tout, je me suis sentie, tout à coup, comme une chenille recalée à l'examen papillon (95).

From Louise's perspective, this procedure extracted her body's femininity, sexuality, and maturity, rendering her less attractive to her husband. Faced with her rival Paola, Louise recognizes an inner void, "un vide en moi" (97), an emptiness that represents her perception of a shattered body following the abortion. "Il me disait, mon petit ours, tu es mon petit ours, mais cet enfant il n'en voulait pas, on l'a fait ensemble et ensemble on l'a tué, tout ce qu'on a fait ensemble est mort. Soit il est parti avec tout ce qui, en moi, était à lui. Soit c'est moi qui ai tout jeté, une enveloppe vide, je suis devenue une enveloppe vide" (126). Still, Louise does not elaborate.

Late in the novel, Louise finally provides an account of the abortion itself, after a memory is triggered by her new lover, Pablo's desire to have a child: "Un enfant. Il veut un enfant. De moi, un enfant. [...] de moi qui n'ai plus de règles depuis sept ans, depuis l'enfant mort en moi" (164). She refocuses attention on her broken, sterile womb. Her body has been hollowed out from the procedure (which she still has not revealed in any

depth), leaving a shell of her former self. She perceives the abortion as having permanently wounded her physically and emotionally. While contemplating the possibility of having a child, she ponders whether her body is capable of reproduction: “Je cherche dans le silence en moi, j’écoute, j’ausculte, hé! Coucou là-dedans quel effet ça fait un garçon qui vous dit je veux un enfant de toi, maintenant, tout de suite, immédiatement? Rien, toujours le vide, je ne suis toujours pas tout à fait guérie et donc, je lui dis on verra ” (162). Having lived through a late-term abortion, she cannot imagine once again becoming a reproductive body.

After having recounted the numerous consequences of the abortion (the divorce, her destroyed body, her drug abuse) and considered the possibility of reproduction, Louise finally arrives at the memory of the abortion itself, exposing the manipulative nature of the medical establishment. Louise’s narrative begins *in medias res* with the doctor’s question “Alors on est prête?” before he injects abortifacient agents into the amniotic sac, which triggers a miscarriage. She remembers her hesitations and doubts : “il [Adrien] a choisi oui, je suis prête. Mais, dans le fond, je n’en savais rien ” (164). Louise does not explain the procedure. She only describes her perception of the experience as this injection causes her belly to swell and morph her body which becomes entirely alien to her and beyond her control.

Le médecin m’a fait une piqûre dans le ventre qui s’est mis, très vite, à enfler. En dix minutes, j’avais le ventre d’une femme enceinte de neuf mois. Le ventre prêt à accoucher, mais à accoucher de l’enfant mort (164).

As she recollects this moment, she painfully describes how doctors attempted to reverse the couple’s decision by humanizing the fetus with the use of a sonogram, which deeply affects Louise. The doctors forced the couple to visualize the five-month-old fetus,

humanizing it (“un joli petit garçon” (264) according to one doctor), and surrounding the couple with newborns in an obstetrics ward, concretizing the image with a baby: “Dans les chambres à côté de la mienne, des cris de bébé, des odeurs un peu écœurantes, aigres, des odeurs de lait et de vomi ” (164). Thus, the doctors attempt to render the tumoral fetus (un kyste), an authentic one (“un joli petit garçon”), in order to discourage the couple from pursuing the abortion.²⁷²

C’est un joli petit garçon, avait dit l’autre médecin, le salaud, à l’échographie. Il savait qu’on ne voulait pas savoir. Il savait qu’il fallait que ça reste abstrait, médical, une formalité, comme on enlève une verrue un grain de beauté un kyste. Il fallait pas que ça existe, il fallait que ce ne soit rien de plus qu’une verrue un grain de beauté un kyste, et et il a eu le culot de nous dire, en nous montrant les images grises sur un écran, c’est un joli petit garçon. Nous on ne regardait pas. On regardait le plafond (165).

For that brief moment, she experiences a connection between her bodily changes and what is happening inside her. Retrospectively, Louise places the blame on her husband, who did not want this baby, but would eventually have one with his new wife instead: “C’est pas avec moi qu’il le voulait” (165). This manipulation by the doctors, who even provide her with print copies of these images, continues to torment her after the procedure and contribute to her later feeling of living in an empty and broken body: “Le salaud nous a tendu un dossier avec les premières photos de notre enfant, notre enfant qui n’aurait jamais d’autres photos, notre enfant qu’on allait jeter à la poubelle. Je croyais les

²⁷² Luc Boltanski explains that normally the ultrasound procedure differs drastically before a doctor performs an abortion: “Le dispositif ne comporte qu’un seul écran situé à côté du lit sur lequel est couchée la femme et qu’elle ne peut voir qu’en tournant la tête (le médecin peut lui proposer de “regarder si elle veut”) (177). He also discusses the language that doctors should use: “Enfin, le médecin, dans son commentaire, utilise un langage lui permettant de nommer ce qu’il voit sans utiliser de termes qui pourraient donner trop de corps à l’être dans la chair et le tirer en direction de l’enfant à naître, du bébé” (177).

avoir détruites, les photos, je les ai retrouvées [...] (166). Even long after the procedure, she is haunted by images of the sonogram.

Unlike Ernaux's narrator Annie, Louise does not delve into a vivid description of the actual loss, instead, she focuses on her passive role in the procedure, watching from afar as the medical personnel monitor her. During the abortion, "une péridurale [...] m'a mise dans les vapes" (166). Her body seems to hold on to the dead fetus against her will: "J'ai plongé dans un état de torpeur bizarre qui a duré je ne sais plus combien de temps, vingt-quatre heures on m'a dit, vingt-quatre heures de la vie de ce fichu ventre qui, malgré la piqûre, ne se décidait pas à dégonfler" (166). Beyond the labor, all memory of the abortion and fetus are lost, just the void in her womb, the images of the sonogram, and memory of the child (she later names) remain: "Il s'appellerait Aurélien, et il aurait sept ans" (173).

Pregnant? Le déni de grossesse

Finally, following the abortion narrative, Louise arrives at the explanation for the advanced nature of her pregnancy, chronicling for the first time in French fiction, a denial of pregnancy (*un déni de grossesse*). Terminating a pregnancy at five months requires a therapeutic abortion (*avortement thérapeutique*), illegal in France unless the patient is declared mentally unstable ("une dingue enceinte" (167)). Thus, Louise had to be diagnosed incompetent in order to have the rare procedure performed.

Like Ernaux's narrator, Louise did not initially acknowledge the reproductive dimension of her body. Yet, unlike Annie, she does not correctly decipher the signs of

pregnancy, overturning common perceptions of the pregnant experience. Louise believes her relations with her husband are sterile due to her husband's self-proclaimed infertility. Her body experiences changes typical to pregnancy including missed periods, swelling breasts ("j'avais des gros seins"), and weight gain ("j'avais grossi"). Yet, these signs indicate an impossibility because of her husband's supposed infertility (172). The lateness of her period appears normal to her, having always lived in an unpredictable body. She attempts to treat her symptoms separately.²⁷³ She takes weight loss pills to decrease the size of her stomach: "J'avais grossi. Je prenais des gélules ventre plat, je faisais des exercices d'abdominaux, je trouvais que j'avais des gros seins, comme maman, les mêmes que maman, j'étais fière de mes nouveaux seins" (167). Each specialist (doctor, acupuncturist, hypnotist, osteopath) who she consults attempts to treat each strange 'symptom' individually with acupuncture and alternative treatments (168-171). Her morning sickness is even interpreted as the result of anxiety before a television interview (168). Medical works perceive her body's symptoms as isolated and treat them according to their own specialties. Louise's own interpretation of the symptoms as random occurrences directly influences the medical diagnoses.

All medical professionals are willing to help rid her of her "petit bedon de bébé" (167) with weight loss drugs and diuretic teas, failing to read the symptoms correctly. Only when she loses significant weight and her breasts and stomach remain prominent, does a doctor finally suspect a hormonal problem (170). Her once reassuring

²⁷³ There is a controversial medical condition known as "denial of pregnancy, "un déni de grossesse," when women do not realize they are pregnant.

Brezinka C, Huter O, Biebl W, Kinzl J. 'Denial of pregnancy: obstetrical aspects.' Journal of Psychosomatic Obstetrics and Gynecology. 1994;15:1-8.

gynecologist who comforted her when she entered pubescence, finally decodes her symptoms with disbelief: “Enceinte de cinq mois, sans s’en être aperçue, c’est vrai que c’est à peine possible, elle répond, en trente ans de carrière je n’avais encore jamais vu ça” (172). The idea that a woman could be five months pregnant and not realize it, defies medical understanding and is incredible to the doctor as well as to Louise. Such an inability to be in tune with her reproductive self leave her feeling inadequate and desperate to preserve a lasting state of sterility to avoid repeating the experience. After the procedure, she perceives her body as a coffin, having housed death instead of created life, bearing the punishment for her choice. The reproductive dimension of her body is disgusting (“dégueulasse” (172)) to her. Throughout these seven years, Louise notes her suppression of menstruation through birth control, deliberately rendering her womb the sterile and empty place that she perceives it to be following the abortion:

Moi, je ne m’arrête jamais, et depuis sept ans je n’ai plus mes règles. Moi, depuis sept ans, tous les matins, avant de mettre mes lentilles, avant de savoir quelle heure il est, quel jour on est, qui je suis, où je suis, qui dort à côté de moi, je prends la pilule et, comme ça, je n’ai plus jamais les règles dégueulasses des femmes dégueulasses qui ont des enfants et les seins qui gonflent. Il aurait sept ans, maintenant. Il s’appellerait Aurélien, et il aurait sept ans (172).

Although Louise’s account of the pregnancy and abortion itself stands as a brief ten pages, it explains the hundreds of pages that precede it. In order to properly communicate her experience, Louise has to explain the circumstances and consequences of it.

Louise completes her narrative by contemplating how she now, seven years later, can change her perception of deterioration and loss. She recounts consulting a new gynecologist, who confirms that she could become pregnant and a mother, even after seven continuous years of self-imposed sterility: “La pilule continue depuis sept ans? Ce

n'est pas très grave. Quatre-vingts cigarettes par jour? C'est trop, mais ce n'est pas très grave non plus. [...] Ah, mais il faut savoir ce que vous voulez. C'est vous qui avez raison, je dis, ce n'est pas extrêmement grave, donc je ne sais pas encore très bien ce que je veux vraiment" (183). With this consultation, Louise realizes that she is free to make choices about her own body and reproduce when she chooses. Louise begins to perceive her experiences, even the traumatic ones, as being part of who she is and what she has survived—not as events that define her. Although she cannot recuperate those people who she has lost, she can restore her identity as a woman and even eventually build a new one as a mother. As Louise muses over these thoughts and memories, she realizes that her period returns, confirming her reproductive potential: "C'est à tout ça que je pensais, quand c'est arrivé, ce truc chaud et dégueulasse qui est revenue, pour la première fois depuis sept ans [...] une mare de sang poisseuse s'élargissait sur le sol à mes pieds" (188).

Thus, Rien de grave graphically and transgressively explores one experience of a late-term abortion and its effects on a woman's sense of self, nuancing the polemics beyond the simple right to control her body. By offering the perspective of the female reproductive body that experiences and regrets the procedure, Lévy explores previously uncharted territory. Her narrator charts the multi-dimensional consequences of the experience on her life. Her writing confronts medicine's attempts to make decisions about her body, exposes its manipulations with biotechnologies, and counters common perceptions of pregnancy. It also provides a perspective that is not often considered, demonstrating like Ernaux's L'événement, that an abortion is not necessarily only a

destructive end, but can also be perceived as a productive beginning (“C’est ça qui compte, recommencer”). Lévy’s narrative offers unique insight into a controversial reproductive experience that is openly debated by the public, but rarely recounted by those who live it.

Scribit Mater Dolorosa: Birthing Death in Camille Laurens’ Philippe (1995)

“ Je ne suis pas le corps, je suis la tombe ”
Philippe (29)

In 1995, Camille Laurens published Philippe, a short but powerful narrative inspired by the real life loss of a child during delivery.²⁷⁴ Although writing the death of a child is far from a new literary motif, writings that reveal a woman’s first-hand perspective of a stillbirth are relatively rare.²⁷⁵ Laurens explores this experience from the point of view of the individual and body that endured it, providing detailed physical and physiological descriptions. Philippe is a complex work that navigates the experience of the female reproductive body as a locus of life and death during a mismanaged delivery that results in neonatal death. Laurens interweaves medical, scientific, and literary texts to recount her autodiegetic narrator’s delivery that created the impression of birthing death, an idea she seeks to overturn by writing about the child, Philippe’s life *in utero*. She reworks the perception of a womb as a tomb, to render it again an instrument of a life that should be celebrated. Simultaneously, she untangles the female reproductive body

²⁷⁴ Laurens, Camille. Philippe. Paris : P.O.L Editeur, 1995.

²⁷⁵ Writings on the death of a child heavily populate recent French fiction including Christine Angot’s Léonore, toujours (1993), Philippe Forest’s L’Enfant éternel (1997), Laure Adler’s A ce soir (2001), Marie Darrieussecq’s Bref séjour chez les vivants (2001) and Tom est mort (2007), Jacques Drillon’s Face à face (2003), and Aline Schulman’s Paloma (2001)—to name a few. Yet, these works are not about deaths of newborns.

from the long history of blame for a child's death, in order to reclaim and memorialize this mother-son relationship, while exposing the failures of contemporary medicine.²⁷⁶

Structurally, the work is divided into four sections that parallel the narrator's modified stages of mourning: souffrir, comprendre, vivre, and écrire.²⁷⁷ At the beginning of 'Comprendre', the narrator explicitly distinguishes between the two 'strata' of the text in a paragraph deliberately separated by parenthesis and highlighted by italics :

*(Il y a deux strates à ce récit ; la première est celle de l'ignorance ; le 7 février, des heures ont passé sans que j'en maîtrise le contenu ; j'ai vécu sans rien comprendre. La seconde est celle de la connaissance : lecture du dossier médical, du partogramme ; expertise du Pr Papiernik, expert près la Cour de cassation, chef du service de gynécologie et d'obstétrique de Port-Royal ; recherche dans des ouvrages scientifiques. Entre ces deux strates, subsiste un flottement de jours et de semaines, une sorte de presbytie de la douleur, qui ne peut voir que de loin) (34).*²⁷⁸

Already the narrator underscores her ignorance about the birthing process and powerlessness when faced with the medical establishment during delivery. As Gill Rye

²⁷⁶ Relatively few critics have written on Philippe with exception of Gill Rye in her chapter on child death. Since Laurens' uses an apparently real-life story, some critics feel that they must abstain from comment, or criticism, out of respect for the dead. Works on the female body and still birth in France, consistently cite Philippe as an example, quote from it, but do not comment further on it. It seems that criticism on infant death itself has been willingly silenced. Interestingly, in 2007, over a decade after its publication Philippe resurfaced at the center of a controversy involving Laurens' allegations of plagiarism ("plagiat psychique") following Marie Darrieussecq's recent publication, Tom est mort (2007), which is also about the death of a child. Laurens appears to claim that this experience is hers alone. Yet, the stories are drastically different in content and form. It is surprising that Laurens would so violently accuse Darrieussecq, considering how women and families experience similar losses. Perhaps this allegation is a testament to how few authors have approached this experience.

Laurens, Camille. "Marie Darrieussecq ou le syndrome du coucou." Revue Littéraire. 32. (2007) : 1-14.

²⁷⁷ The Kubler-Ross model of grief describes five stages of loss: denial, anger, bargaining, depression, and acceptance.

Kubler-Ross, Elisabeth. On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss. New York: Scribner, 2005.

²⁷⁸ "Le partogramme permet un enregistrement graphique, méthodique et synthétique des progrès du travail et des principales données sur l'état de la mère et du fœtus. Il sert de " système d'alarme précoce " pour toute anomalie dans la progression du travail autorisant la mise en œuvre de mesures de prévention, de transfert de la patiente ou d'accélération ou de terminaison du travail. Il permet de réduire sensiblement le risque de dystocie, de souffrance fœtale, de rupture utérine et les risques ultérieurs d'hémorragie de la délivrance et de septicémie" (Saint-Léger 1).

Saint-Léger, Stéphane. "Le partogramme : principes et méthodes." devsante.org. Développement et Santé. 148. August 2000. Web. 15 November 2007.

observes, this section charts her “journey from ‘l’ignorance’ to ‘la connaissance’” (100).²⁷⁹ The narrator relates her body image during its pregnancy and labor and contrasts it with a more informed perspective after having deciphered the medical records with the help of specialists. Instead of allowing the medical institution to medicalize her experience and place the blame on her “faulty” body, she exposes through her writing how medicine and technology are responsible for an avoidable death. Ultimately, through her narration, she reclaims her body and reasserts its reproductive nature.

Enfant sans vie? : Life in you, life *in utero*

“Je suis pleine” Philippe (35)

The narrator seeks to give meaning to her son’s life and allow him to live on by documenting his existence *in utero*, thus reaffirming the notion that life begins in the womb. She charts the numerous ways that society denies her son’s existence, because his life was so short and was entirely within her body. Through her writing, she works to fight those individuals who “font comme s’il ne s’était rien passé” (64) and thus negate the relevance of Philippe’s existence and her own nine-month long experience of pregnancy. She condemns the administrative procedures used to document a newborn’s death. At the city hall, for instance, an employee writes on a form next to his name “DCD,” reducing his life to an abbreviated, short-handed mention of his death (16).

²⁷⁹ Rye, Gill. “Registering Trauma: The Body in Childbirth in Contemporary French Women’s Writing.” *Nottingham French Studies* 45.3 (2006). 92-104.

Rye, Gill. ‘Family tragedies: child death in recent French literature.’ *Affaires de famille: The Family in Contemporary French Culture and Theory*. Eds. Marie-Claire Barnet and Edward Welch. Amsterdam/New York: Rodopi, 2007. 267-81.

Legally speaking, in France, he is categorized as an “enfant sans vie”—a legal designation that the writer fights to overturn.

In the opening paragraph of ‘Souffrir’, the narrator describes holding her newborn, giving the reader no indication of his death: “Quand je suis entrée, Yves et la surveillante avaient fini d’habiller le bébé de la layette marine et blanche tricotée par sa grand-mère” (13). The reader immediately identifies a natural and already well-established mother-child relationship. The narrator’s body and interactions reinforce this impression:

Mais les gestes me sont venus, tous, comme les mots d’amour aux lèvres, et toute angoisse m’a quittée d’un coup devant cette évidence— corps dense et plein contre le mien, nuque soutenue au creux de mon coude, ruban renoué de la brassière contre le froid: il n’y avait rien à apprendre (13).

Only after declaring his birth, “né le 7 février 1994 à D.”, does she reveal the setting of this scene (a morgue), the details of his brief two-hour life outside of her womb, and a description of his dead body (“bleu, tuméfié”) (14).

Her memories of Philippe and his life in her womb are naturally connected to her bodily experiences. She charts the intimate, physical experience of the fetus *in utero* that created intense memories and “proof” of his existence: “Philippe, j’avais rêvé de rencontrer tes yeux. Mémoire du temps où tu bougeais en moi, amour sans regard” (14). By directly addressing Philippe, she confirms his existence as an individual who lived. Her physical impressions of him *in utero* are concretized during delivery, when she feels his body exiting the birth canal. Even though the doctors immediately separate mother and child in an attempt to revive him, she possesses an intimate tactile image of him: “je sens glisser en moi, hors de moi, mon bébé, j’ai la sensation incroyablement précise des

contours de son corps, de ses jambes très longues. Au moment où j'ouvre les yeux, quelqu'un déjà l'emporte dans un silence de plomb ” (47).

Monitors such as sonograms (*les échographies*) and cardiograms “write” the fetus’s existence while in the womb reaffirming her memories, providing proof of his life through images and written traces: “Photographies, échographies: traces écrites, écriture du corps” (23). His “writings” and her own become one, uniting them on the page. *In utero*, these medical artifacts also reinforce her belief that Philippe once not only lived, but thrived: “Pendant les échographies, il est vivant” (20). His body moved in such a way that she could feel it physically and witness it visually on the monitor. These living images contrast strongly with her memories of him outside of the womb. His *post mortem* photos provide her with a visual image of his face. In her own reflection, she then begins to detect a resemblance:

Un autre jour, j’ai renversé mon visage en arrière face à une glace, et j’ai vu Philippe mort par-dessous mes paupières, et seulement alors j’ai su que j’étais sa mère —masque mortuaire aux yeux entrouverts. Tous les miroirs reflètent mon fils mort, tous les miroirs reflètent mon fils et ma mort (15).

In her early stages of mourning, she perceives his death as her own death, seemingly unable to distinguish a difference between their two bodies that were once one.

***Mater dolorosa* writes**

“ On dit que les femmes
racontent leurs accouchements
comme les hommes racontent
leurs guerres ”
Laurens, Philippe (33)

Even as the narrator’s mind attempts to recover from her loss, her body bears the painful reminders of her lost child and motherhood, reflecting, as Gill Rye suggests, a

new version of the *mater dolorosa*—one that not only weeps as she witnesses the loss of her son, but whose body physically expresses her pain²⁸⁰:

Plus d'un mois après, malgré une double dose de médicaments, le lait monte. Il déborde, il jaillit tout seul comme des larmes, il coule sur les seins, sur le ventre. La peau a la couleur et la transparence de paupières, elle est veinée de bleu. Nourrir, mourir (19).

The juxtaposed verbs “nourrir” (to nourish) and “mourir” (to die) highlight their similar pronunciation and contrasting meanings. Her body continues to lactate in spite of the child’s absence, producing a leakage resembling tears. Although she perceives her reproductive body as dead, like her son, it physically declares a continued ability to reproduce and nurture. The *linea nigra* remains on her abdomen as a semi-permanent reminder of her pregnancy: “ Sur mon corps, presque plus rien n’est lisible, que la ligne gravidique dont la teinte gravidique dont la teinte brune s’efface lentement. Ventre palimpseste où plus rien désormais ne pourra s’écrire à nouveau—jouissance, grossesse, angoisse—que sur cette ligne ” (20).²⁸¹ Through these physical manifestations, her body relates Philippe’s story. This body was permanently changed from labor and now bears the memory of its experience and loss.

²⁸⁰ Gill Rye observes in her article: “In this striking image of [...] Catholicism’s *mater dolorosa*, here crying tears of milk for [...] the narrator’s body acts as its own poignant register of the [...] conveying the pain that the narrator says there are no words for” (100).

Rye, Gill. “Registering Trauma: The Body in Childbirth in Contemporary French Women’s Writing.” *Nottingham French Studies* 45.3 (2006). 92-104.

²⁸¹ A *linea nigra* is a dark vertical line that appears on the skin of the abdomen during pregnancy caused by hormones that increase the production of melanin. It typically fades with time.

George, Adekunle Olufemi, Olayiwola Babatunde Shittu et al. “The incidence of lower mid-trunk hyperpigmentation (*linea nigra*) is affected by sex hormone levels.” *Journal of the National Medical Association*. 97.5. (2005): 685–688.

Throughout her mourning, the narrator perceives her body as the locus of life and death, preferring to envision Philippe in her womb, instead of in a cold, dark grave. Simultaneously, her body becomes the tomb that preserves his memory.

La nuit, parfois, dans le noir de la chambre, je joins les mains sur ma poitrine, je ferme les yeux, je gonfle à peine les joues —et mon bébé est là : non pas à l'intérieur de mon cœur ou de ma tête, non pas sentiment ou pensée, abstrait, mais là, bien là chaud et replet en lieu et place de moi-même. Le silence est total, l'immobilité presque parfaite. Puis, très vite, ma poitrine se creuse, mon estomac se troue, et de cette tentative de possession charnelle la vérité soudain m'apparaît : je ne suis pas le corps, je suis la tombe (29).

The concept of life as essentially everything that happens between the womb and the tomb, would negate Philippe's existence. Instead, she conflates the two. The narrator does not perceive his life as "anténatale" but instead as "une vie véritable entre la naissance et la mort" (24).

The 'faulty' female reproductive body

Within the "Comprendre" section, the all-powerful, all-knowing medical institution is placed into question, as the narrator intercalates numerous medical, scientific, and literary sources in her narrative. From the moment she goes into labor, she recounts her own perspective of the situation, and then includes medical records or explanations of that stage of delivery, underscoring the incompetence of the medical institution. She describes the various elements of France's birth culture that remove a woman's body from the delivery. Rather than frame her delivery as a result of her body's inadequacies, she exposes the medicine's shortfalls and failure to correctly read the signs of fetal distress. The proximity of the contradicting conclusions releases the body from blame and places medicine's knowledge into question. With the research and help of a

specialist, she obtains the knowledge to combat this perception of her faulty body. The narrator's experience belongs to a long tradition of faulting the female reproductive body for difficult delivery and stillbirth

During an ultrasound, an imaging of the fetus within the womb, the medical institution treats the fetus detached from the mother's body. The scan removes the mother from the equation, and in this case, does not allow the narrator to even view the image: "je l'ai vu bouger dans mon ventre (mal, car on n'avait pas eu l'idée de tourner l'écran vers moi)" (21). In spite of this exclusion from the visual image, both the mother and fetal bodies appear to escape the control of machines that medical technicians struggle to use. The technician approaches the fetus as though it were itself a misbehaving machine, not a living being:

Il testait un nouvel appareil.[...] Il appuyait sur des boutons, multipliant les essais en déplaçant la sonde sur mon ventre.[...] il fallait bien pourtant "prendre les mesures" et à propos duquel il s'éciera finalement d'un ton exaspéré: "Mais enfin, il bouge tout le temps, pendant que j'essaierai en vain, secrètement fière, de calmer mon nageur (22).

The goal of the exam, to measure the fetus' growth and development on a screen, is fundamentally incompatible with the living, moving being: a thriving fetus moves. The juxtaposition of this scene with a description of Philippe's immobile body after his death poignantly underscores this point: "Depuis le 7 février à 15h 20, il ne bouge plus. [...] Sois bien sage, mon chéri, il-ne-faut-pas-désobéir-au-docteur" (22).

Throughout her narrative of labor, she flanks her own perceptions with medical files, encyclopedia excerpts and a specialist's comments on the birth, creating a multidimensional account of both mother and child's experience. The surveillance of the birth appears securely in place, and yet the system is inherently flawed. The mother

herself is told to watch the monitors, even when no one explains what is abnormal : “ On m’a laissé une sonnette “ en cas d’urgence ”, mais sans m’expliquer ce qui, sur l’écran, devait éventuellement m’inquiéter ” (39). The narrator’s description reinforces what Alison Martin points out in her chapter on birth culture in France: “instead of focusing on an internal relationship with her own body, a woman will be encouraged to see the monitor as the ‘knowledgeable’ mediator between her ‘self’ and her body/fetus”.²⁸² The doctor interacts with the various monitors, instead of with the maternal body. Even when the readings are interpreted, they lead to conflicting interpretations by the midwife and doctor. In order to demonstrate the failings in this approach and tell the tragedy of her loss, the narrator juxtaposes her own perspective with excerpts from her medical file and voices of authority:

Je suis donc sans souci devant le tracé constant à 160 puis 180, quoi de plus normal que d’avoir le cœur qui bat fort le jour où l’on vient au monde ! C’est la chamada de la naissance... Tandis que les premières douleurs commencent, je me répète mentalement et comme en extase : Philippe, né le 7 février 1994...

Sur le premier feuillet —numéroté 631366— il existe d’emblée une tachycardie majeur à 170 battements/minute, avec une disparition des accélérations et une réduction presque complète des oscillations. Cette anomalie est clairement identifiée par la sage-femme. [...]

Rapport d’expertise du Pr Papiernik

Pendant l’accouchement, on surveille la vitalité fœtale. Le rythme cardiaque fœtal est de 120 battements/minute ; s’il accélère à 160, 180, l’enfant court un risque vital, et encore plus s’il y a ralentissement [...]

Encyclopedia Universalis, Article Accouchement

²⁸² Martin, Alison. “Birthing Culture: A Painless Subjectification.” Ed. M. Allison & Y. Rocheron. The Resilient Female Body: Health and Malaise in Twentieth Century France. Oxford: Peter Lang AG, 2007. 192.

Following this evidence, the narrator describes the doctor's lack of concern even after recognizing a worrisome indication of tachycardia (39).²⁸³

“ Ce n'est pas très bon ”, me répond-il en désignant le graphique —on dirait un prof qui commente une copie. “ Il n'y a pas assez d'amplitude, le tracé est plat. ” Il secoue la tête puis conclut : “ Il va peut-être falloir césariser.” Là- dessus, il disparaît pendant plus d'une demi-heure.

Entre 7h40 et 8h15, le diagnostic d'infection Fœto-maternelle est clairement possible. La sage-femme l'a fait, le Dr. L ne l'a pas fait. Il a fait une faute grave en méconnaissant cette situation [...] (41).

Rapport d'expertise du Pr Papiernik

Just as the narrator's overarching narrative has two “strata,” the medical records have two dimensions of interpretation. Her narrative “speaks” in two voices of authority—one that is the narrator's perspective and one that is the all-knowing, respected obstetrician, Papiernik. By juxtaposing these voices and contrasting them with the doctor's inaction, she justifies her experience with medical discourse and disproves the physician who placed the “blame” on her body. She also validates the “lived” experience that all of the technology had worked to silence and accentuates the incompetence of this system. The juxtaposition of these comments with the story of the doctor's observation and inaction highlights the doctor's negligence and the tragedy of Philippe's preventable death.

The narrator captures the medical world's condescending attitude towards the ‘hysterical’ pregnant woman, through her account of a doctor who repeatedly dismisses her concerns when she challenges his “très bon pronostic obstétrical”: “ Comme je m'inquiète une fois de plus, sur le pas de la porte, du diagnostic de mon gynécologue marocain qui, au regard des mensurations du fœtus, avait évoqué la césarienne, L. hausse

²⁸³ Fetal tachycardia is “a fetal heart rate faster than 160 beats per minute that persists throughout one 10-min period.” During delivery tachycardia signals fetal distress.

“ Fetal Tachycardia.” Tabers Cyclopedic Medical Dictionary. *Tabers.com*. Web. 30 May 2008.

les épaules et s'écrie en me poussant dehors : “ Allons donc, j'en ai sorti de plus gros que le votre ” (35). Her body is treated as an object that she does not control and about which she knows nothing. When her perceptions and observations are correct during labor, she is ignored and her concerns are dismissed—a seemingly heartless and negligent act that she accentuates with a maxime of La Rochefoucault and Papiernik's observations:

je signale des baisses du rythme cardiaque. L. regarde et me dit : ” Oui oui, en effet ”, puis ajoute aussitôt, avant de disparaître de nouveau : “ Mais ça va, il récupère. Pas de problèmes ! ” [...]

Nous avons tous assez de force pour supporter les maux d'autrui.
La Rochefoucault, Maximes

Son interprétation “le bébé récupère” est sans fondement[...] Sur le feuillet 631376 le tracé est totalement plat et il existe de plus une bradycardie[...] Ces bradycardies profondes et répétées témoignent d'un stade de gravité plus prononcé encore de souffrance fœtale (44)

Rapport d'expertise du Pr Papiernik

In fact, these observations could have saved the initially healthy fetus. His large size and erratic heartbeat called for a caesarean section that was never ordered. Even after Philippe's death, the doctor responds to her questions with sarcasm and a simple “Et puis d'abord, qu'est-ce que vous en savez?”, as though she were not intimately involved with or present at the birth (56).

In the final stages of delivery, the narrator complies with the French perception of an ideal patient who does not complain or scream, but rather remains calm and rational and allows the team of doctors to physically extract the newborn. The team of “hommes en blouse blanche” and the midwife descend on the birthing body: “La sage-femme appuie de tout son poids sur mon ventre par assauts répétés” (46). Her body is not allowed to do the work alone and the caesarean section never ordered. She describes

advice books that convey mixed messages about the “correct” way to handle one’s body during labor and echo the silent birth culture described by Alison Martin²⁸⁴:

Dans l’un des livres que j’ai potassés en vue du jour J, il était écrit: ‘Ne vous attendez pas à ce que tout le personnel soit aux petits soins pour vous. Il peut y avoir d’autres parturientes qui accouchent en même temps. Vous n’êtes pas le centre du monde.’ Je ne dis donc mot, je ne veux pas déranger (42).

Yet, her silence is blamed for not alerting the doctors to her distress. The doctor, L., later admonishes her: “ Si encore vous aviez crié ! m’a dit l’accoucheur d’un ton de reproche. “ C’est vrai, quoi : il y en a qui hurlent, d’autres qui n’ouvrent pas la bouche, alors on ne peut pas savoir ” (72). This doctor directly contradicts this belief placing the blame on her silent body, instead of on the institution that put this ideal in place.

Only through the compilation of these documents and with the creation of this text, does the narrator find peace. She not only commemorates her son and justifies his existence with the story of his life *in utero*, but exposes the mismanagement of her birth and delivers her own body from blame. With Philippe, Laurens experiments with language and form to reinterpret medical readings and give voice to the woman and her body during pregnancy, delivery, and loss, instead of allowing an outsider to control the narrative. She moves the experience of giving birth to a dying or dead baby from a simple “elle perdit le bébé,” “un enfant déclaré sans vie,” or “DCD” (décédé) to a more meaningful contemplation of life and death. Finally, through her narrative, she boldly confronts a cultural denial of pregnancy loss, and moves to lift the taboo that imposes silence on the women who experience it.

²⁸⁴ Alison Martin argues that the introduction of epidurals in the 1950s led to great changes in the birth culture in France, including the aim for “the possibility of a calm and rational birth in co-operation with others—the possibility of dignity” (195). She also observes that today “the general idea that the culture of birth should be painless, seemingly without violence and perhaps even without sound appears to be prevalent” (193).

Conclusion

Contemporary authors are beginning to experiment with ways of writing the often silenced topic of pregnancy loss as they force the reader to confront, reflect on, and engage with the woman's lived experience. In situations where the French language, medical community, and legal system struggle to find ways to distinguish between different permutations of birthing death, these works expose and nuance the voids and bring to discussion of these sensitive situations. Authors like Ernaux write the difficulty and hesitancy to express unspoken experiences, seeking to pay homage to the thousands of women who have aborted and never voiced their perspectives. Lévy captures a transgressive experience of pregnancy and abortion, and confronting the lack of sensitivity to the female body's perception of the procedure. Finally, Laurens actively attacks the French approach to birth, from its excessive and faulty means of monitoring to silencing of the birthing body's own perceptions. Through her collage of medical interpretations, readings, and own perceptions, the narrator reclaims authority of the experience. Simultaneously, she writes to acknowledge her son's life and asserts the need to change attitudes towards mothers who experience stillbirth. These authors all work to forge a place for reflection on the lived experience of pregnancy loss in French fiction as they experiment with ways to write about them.

Abortion, miscarriage, and stillbirth are strongly asserting themselves as true literary *topoi* in contemporary French fiction. A number of short stories by contemporary writers are beginning to push the limits of written explorations of pregnancy loss. Virginie Despentes' "C'est dehors, c'est la nuit," "L'ange à ses côtés," and "A terme"

graphically explore very subversive examples of death after childbirth, abortion, and infanticide providing examples of women literally taking their bodies and futures back into their own hands.²⁸⁵ Hélène Delmotte and Luis de Miranda's Expulsion (2004), a popular postmillennial work, recounts the story of the autodiegetic narrator Marie's abortion with the use of RU-486, and the subsequent suicide of her sterile sister, Véronique.²⁸⁶ Nancy Huston's Instruments de ténèbres, also dares to write an abortion. Protagonists are discussing these previously taboo experiences more openly, such as in Sylvie Germain's Chanson des mal-aimants (2002), whose narrator contemplates her miscarriage (123). Abortionists even figure more prominently as protagonists in works like in Clotilde Escalle's Où est-il cet amour (2001), where a young girl's brutal father performs abortions (on women he himself impregnates) within earshot of his family. Valentine Goby's Qui touche à mon corps je le tue (2008) is a polyphonic work that privileges the lived experiences of the body as it juxtaposes female abortionist/midwife (Marie G.) sentenced to death in 1943, the woman she aborted (Lucie L.), and her executioner's perspectives during the twenty-four hours before her death.²⁸⁷

At the turn of the century, numerous autobiographical works very similar to Laurens' Philippe, explicitly aim to pay homage to the fetus, critique the medical field, give comfort to other women who experience pregnancy loss, and deliberately draw attention to little discussed reproductive issues. Anne-Françoise Lof, for instance, wrote

²⁸⁵ Despentès, Virginie. "C'est dehors. C'est la nuit." Dix. Paris: Editions Grasset, 1997.

---. "A Terme." Mordre au travers. Paris: E.J.L., 1999. 61-63.

---. "L'ange est à ses côtés." Mordre au travers. Paris: E.J.L., 1999. 85-91.

²⁸⁶ Delmotte, Hélène & Luis de Miranda. Expulsion. Paris: Max Milo, 2004.

²⁸⁷ Goby, Valentine. Qui touche à mon corps je le tue. Paris : Gallimard, 2008.

This work is based on the real-life story of Marie-Louis Giraud, the last woman to be guillotined.

Saskia ou le deuil d'un bébé Distilbène (2000), a story that documents not only the personal story of loss, but the repercussions of administration of Distilbène between its introduction to France in 1948 and its ban in 1977 (six years after the United States formally withdrew it).²⁸⁸ Christine Sagnier's Un ange est passé (1998) and Dominique Sigaud-Rouff's Aimé (2006) recount the stories of miscarriage, period of mourning, and recovery through writing in the midst of a cultural silence and isolation on the topic: "J'écris pour les mères innombrables de tes semblables qui voient un jour disparaître l'idée que vous veniez" (Sigaud-Rouff 43).²⁸⁹ Béatrice Trichard-Gautier experienced neonatal death due to a diaphragmatic hernia in Congé sans maternité bébé (2001), and wrote to argue for the right to add her child to her "livret de famille".²⁹⁰ In 2006, Henriette Chardak's Dépossédée recounts and critiques the prejudiced medical treatment of an older mother in her 40s who suffers a miscarriage and is refused medical help to get pregnant again: "Vous êtes trop vieille pour être une bonne mère" (10).²⁹¹

Dozens of experiences of abortion following medical diagnosis of a genetic anomaly were published at the turn of the millennium, most often accompanied with a preface by a doctor confirming the tale, discussing the ethical questions involved, and calling for legal and medical reform. Women confront the issue of prenatal genetic testing, sonogram for prenatal diagnosis, abortion and handicap, as well as the right to civilly acknowledge and bury a lost fetus. Chantal Haussaire-Niquet wrote L'Enfant interrompu (1998) after her late-term abortion at thirty-nine due to a diagnosis of trisomy

²⁸⁸ Lof, Anne-Françoise. Saskia ou le deuil d'un bébé Distilbène. Paris: Frison Roche, 2000.

²⁸⁹ Sagnier, Christine. Un ange est passé. Castelnau-le-Lez: Editions Climats, 1998.

Sigaud-Rouff, Dominique. Aimé. Paris: Actes Sud, 2006.

²⁹⁰ Trichard-Gautier, Béatrice. Congé maternité sans bébé. Paris: Atelier Liv'edition, 2001.

²⁹¹ Chardak, Henriette. Dépossédée. Paris: Presses de la Renaissance, 2006.

18 (Edwards Syndrome).²⁹² Her narrative adopts the form of a letter written to the lost fetus charting the emotional and physical journey, but also confronting the conditions required to declare the fetus with the State (“les conditions de déclaration de naissance à l’état civil”) that were only modified in 2008.²⁹³ Eva Haddad Bloch’s J’ai sauvé mon fils de la mort (1999) chronicles her difficult pregnancy that nearly ends in an abortion when the fetus is misdiagnosed by ultrasound as having trisomy 21 (Down syndrome).²⁹⁴ Her work advocates for active parental surveillance of the medical institution and insists on questioning current biomedical technology, which fails her on more than one occasion. Stéphanie Bourreau’s Lucie, lumière disparue: vivre après une interruption médicale de grossesse (2005), recounts the personal story of a couple who chooses abortion after learning their fetus had Down syndrome drawing attention to the complicated politics of prenatal diagnosis.²⁹⁵ Specifically, it explicitly confronts the early sonogram prior to genetic testing, which aggravates and perhaps manipulates the situation. Isabelle de Mézerac’s Un enfant pour l’éternité (2004) recounts a similar story of diagnosis of a fatal handicap (trisomy 18) during an unexpected pregnancy at 45, followed by the decision to keep and love the baby for the short duration of his life.²⁹⁶ Writers of both fiction and

²⁹² Haussaire-Niquet, Chantal. L’enfant interrompu. Paris: Flammarion, 1998.

Haussaire-Niquet, Chantal. Le deuil périnatal. Paris: Le Souffle d’Or, 2004.

Haussaire-Niquet later trained to be a psychotherapist specializing in perinatal death. In her work, Le deuil périnatal (2004), she discusses the complicated process of mourning infant death and assembles numerous stories of late term abortion.

²⁹³ Sabine Tabet’s Je n’ai pas vu tes yeux (2002) and Marie-Christine du Ranquet’s Tu m’aurais appelée “Maman” (2002) recount nearly identical stories of abortion with the use of RU-486 after the diagnosis of a handicapped fetus.

Tabet, S. Je n’ai pas vu tes yeux. Paris: Hachette littérature, 2002.

²⁹⁴ Haddad Bloch, Eva. J’ai sauvé mon fils de la mort. Paris: Editions des Ecrivains, 1999.

²⁹⁵ Bourreau, Stéphanie. Lucie, lumière disparue. Paris: Editions Glyphe, 2005.

nonfiction are thus beginning to find inspiration in the all too common experience of pregnancy loss by asserting the women's voices who survive them.

Thus far, I have examined the female reproductive body in fiction during pregnancy, miscarriage, abortion and stillbirth. Although the bodies do not always successfully reproduce, they are capable of this function. Chapter 4 tackles the rare works of French fiction that dare to present women's perceptions of this body when its reproductive nature wanes or disappears, like Chardak's narrator, and it is no longer capable of conceiving, due to medical sterility or menopause.

CHAPTER FOUR

Writing Barren Bodies

Il faut attendre les années 1980
pour que des enquêtes explorent
le vécu féminin de la
ménopause sans se limiter à des
considérations médicales.²⁹⁷

“Un enfant si je veux, quand je veux.” This infamous feminist slogan embodies French women’s plight in the 1960s to gain full control over their reproductive bodies. Finally, in 1967, the *loi Neuwirth* legalized contraception enabling women to control their fertility. Yet, the French state still exerts controls when, where, and how the female body can reproduce through other laws and regulations. The development of pronatal reproductive technologies and artificial hormones over the next three decades forced the state (and society) to constantly revise laws and rethink the limits of the female body. Scientific innovations have created countless new scenarios with techniques like *in vitro* fertilization (first successfully performed in 1978). In vitro fertilization now allows infertile couples and even women without ovaries to procreate. Developments in effective hormone replacement therapies can counter the effects of menopause so that women beyond “natural” reproductive age can be “repaired” if sterile and bear children late in life. In 2001, for instance, a 62-year-old menopausal French woman gave birth after *in vitro* fertilization and hormone replacement, renewing debate over the ethics of post-

²⁹⁷ Delanoë, Daniel. *Sexe, croyances et ménopause*. Paris: Hachette, 2006. 107.

menopausal pregnancy, which was officially banned in France in 1994.²⁹⁸ Today, physicians and self-help books offer countless ways to ‘combat’, ‘conquer’, or ‘triumph over’ female sterility and menopause, seemingly waging war against these undesirable and unfortunate conditions.²⁹⁹ This language lends itself to vivid imagery of medicine’s fight to conquer a stubborn or defective body that refuses to conceive.

While science has focused on creating ways to both impose and overcome female sterility, other fields like sociology and anthropology in France have remained rather silent on the issue in general and rarely delve into a woman’s lived experience of it. Outside of the medical domain, menopause (one form of sterility) has long remained the most silent of the female reproductive experiences in France. Until the late 1980s, it was a taboo subject not openly discussed or studied outside of medical science.³⁰⁰ Social anthropologist Françoise Héritier observed in her work Masculin/Féminin that menopause is a “sujet auquel on ne pense pas, sujet gênant, sujet censure sinon sujet tabou. On parle de la vieillesse, comme stade de la vie, mais pas du seuil où tout

²⁹⁸“ Le pacs progresse, les naissances hors mariage aussi. ” *Lemonde.fr*. 15 January 2008. Web. 15 January 2008.

“Plus un bébé sur deux nés hors mariage. ” *tfl.fr*. n.d. Web. 15 January 2008.

Grabinski, Anna. “A propos de “ l’affaire de Draguignan ” : ménopause et procréation médicalement assistée.” INSERM. 2001. 8 Jan 2008.

²⁹⁹ Works such as Faire un bébé, c’est pas si facile! : le combat des couples contre l’infertilité (2006), Vaincre la stérilité (1994), and Horizon bébé: ou comment vaincre la stérilité (1991) are just a few examples of this language.

Debache, Claude & Rosine Depoix. Horizon bébé: ou comment vaincre la stérilité. Paris: Denoël, 1991.

Frydman, Olivenn. Vaincre la stérilité. Paris: Editions du Rocher, 1994.

Netter, Albert. Vaincre sa ménopause. Paris: A. Michel, 1981.

Stanovici, Alexandre & Corinne Cosson. Faire un bébé, c’est pas si facile! : le combat des couples contre l’infertilité. Paris: Robert Laffont, 2006.

³⁰⁰ **MÉNOPAUSE** n.f.—1823; de méno- et gr. pausis “cessation”-> poser* (encadré) Cessation de l’activité ovarienne chez la femme, naturellement accompagnée de l’arrêt définitif de l’ovulation et des règles; époque où elle se produit (cf. Age critique,* retour d’âge) (Le Petit Robert 1607).

bascule ” (225).³⁰¹ Often in France, this phase was referred to primarily through vague and worrisome euphemisms that allude to the climacteric age—women reach “un certain âge,” “l’âge dangereux,” “l’âge critique” or “le retour d’âge.”³⁰² Psychoanalyst Marie-Christine Laznik asserts that psychoanalytic literature did not approach menopause until the nineties: “la littérature psychanalytique n’offrait, au contraire des étapes précédentes, aucun guide, d’aucune couleur, pour orienter un voyage à travers ce nouveau moment psychique.”³⁰³ Anthropologist Daniel Delanoë also observes the absence of studies on the lived experiences of menopause in French women: “Il faut attendre les années 1980 pour que des enquêtes explorent le vécu féminin de la ménopause sans se limiter à des considérations médicales” (Delanoë 107). Even Simone de Beauvoir only briefly touches upon the menopausal body in Le Deuxième Sexe (1949), lamenting a symbolic loss of social identity: “La femme est brusquement dépouillée de sa féminité. C’est encore jeune qu’elle perd l’attrait érotique et la fécondité d’où elle tirait la justification de son existence et ses chances de bonheur.”³⁰⁴

In fact, discussion of lived experiences of female sterility remains conspicuously rare in French literature as well. French fiction has only cautiously approached chronicling the barren body, and when it does, the woman’s perspective is almost never revealed. French women writers, like Mme de Graffigny, experienced menopause, as is evident from her personal correspondences, yet these lived experiences are not

³⁰¹ Héritier, Françoise. Masculin/Féminin: la pensée de la différence. Paris: Odile Jacob, 1996.

³⁰² Some other expressions used throughout the centuries include: l’époque (ou le temps) critique, la cessation des mois (ou règles), le retour d’âge (l’âge du retour), déclin de l’âge, la verte vieillesse, l’enfer des femmes, l’hiver des femmes, la mort du sexe (Gardanne v). In the 17th century, the expression “la boutique est fermée” also referred to a woman who could no longer bear children.

³⁰³ Laznik, Marie-Christine. L’impensable désir: Féminité et sexualité au prisme de la ménopause. Paris: Denoël, 2003.

³⁰⁴ Beauvoir, Simone de. Le deuxième sexe. Vol. 2. Paris : Folio, 1949. 450.

fictionalized.³⁰⁵ The problem of sterility/infertility surfaces as common motif in early modern fairy tales. Protagonists overcome sterility like Perrault's "La Belle au Bois dormant": "Il était une fois un Roi et une Reine, qui étaient si fâchés de n'avoir point d'enfants, si fâchés qu'on ne saurait pas le dire. Ils allèrent à toutes les eaux du monde; vœux, pèlerinages, menues dévotions, tout fut mis en œuvre, et rien n'y faisait" (185).³⁰⁶ Tales of infertility and sterility are even more common in early modern women's writing. Holly Tucker remarks that "Nearly a quarter of all tales by Mme d'Aulnoy and one-third of those by Mme de Murat depict a royal couple trying desperately to have a child" (59).³⁰⁷ In many cases, like D'Aulnoy's "La biche au bois", fairies "cure" the hopeless protagonist's sterility.

Older female narrators exist throughout French fiction as well, but they do not openly reflect on menopausal changes and discussions of sterility. If discussed, these experiences are instead interpreted and filtered through male protagonists or omniscient (male) narrators. In the late 19th century, for instance, Zola's *Fécondité* (1899) recounts the story of Sérafine, who undergoes a hysterectomy/ovarectomy in order to gain sexual freedom. Her procedure results in a horrific menopause, prematurely aging, and eventually madness (a divine punishment for pursuing sexual pleasure over her duty to

³⁰⁵ Graffigny, Françoise de. *Correspondance*. Vol. 3. Oxford: Voltaire Foundation, 1992. 380-81. In Graffigny's October 3rd 1742 letter to Devaux, for example, she describes realizing her misinterpretation of symptoms of (peri)menopause, or "le temps critique," as signs of cancer: "Depuis 24 heure que j'ai été saignée, je n'ai senti nule de ces douleurs, qui estoient continuelles, et je decide, aussi bien qu'Orgon, que ce n'est point un cancer, mais de ces accidents qui repondent au tems critique ou il semble que je vais etre, sans cependant en avoir eu de marques seures" (381).

³⁰⁶ Perrault, Charles. *Contes*. Ed. Catherine Magnien. Paris : Librairie Générale Française, 2006. Catherine Magnien remarks in a footnote that "les femmes stériles allaient aussi prendre les eaux à Pougues (aujourd'hui la Nièvre) ou à Forges, près de Rouen" (185).

³⁰⁷ Tucker, 59.

reproduce) (501-504).³⁰⁸ Two other characters, Constance and Madame Angelin, resist pregnancy until it is too late. They are forced to consult an untrustworthy midwife, Mme Bourdieu, in order to ‘cure’ their menopausal sterility. Naturally, the treatments fail to cure these unfortunate women :

La triste femme avait fondu en larmes, pleurant sa stérilité, tandis que Constance se récriait , exigeait des explications, étonnée, effrayée qu’une telle chose arrivât, à leur âge. Et c’était alors que madame Bourdieu avait complaisamment vanté sa méthode, cité des cas extraordinaires, nommé deux dames de cinquante ans passés, qui, grâce à elle, se trouvaient enceintes (445).

Finally, in the mid 1980s, French fiction began to cautiously venture into the lived experiences of female sterility.

For example, Marie Redonnet’s first novel in her triptych, Splendid Hôtel (1986), metaphorically approaches menopause, but relies entirely on figurative language and imagery to describe the narrator’s body.³⁰⁹ While retrospectively reflecting on her project in “Redonne après Maldonne,” Redonnet explicitly describes the nameless, middle-aged narrator as a “sorte d’éternelle ménopausée” who lives a seemingly sterile existence with her equally barren, sickly sisters (*dérégées*).³¹⁰ In the narrative, the protagonist serves as a caretaker for her late grandmother’s deteriorating hotel that is gradually sinking into a marsh. Every day, she struggles to unclog the establishment’s plumbing system. Meanwhile, marshy water (an element traditionally associated with the female body and

³⁰⁸ “ Quel vent terrible l’avait donc détruite, pour la vieillir brusquement ainsi, d’un néant de spectre, comme si la mort avait déjà passé, et qu’il vit se lever là, devant lui, le squelette décharné de la femme triomphante qu’il avait connue ! Elle avait cent ans ” (501).

³⁰⁹ Redonnet, Marie. Splendid Hôtel. Paris: Editions de Minuit, 1986.

See Chapter 2 for discussion of the place of menopause within Redonnet’s project.

³¹⁰ Redonnet, Marie. “ Redonne après Maldonne. ” L’Infini 19 (1987) : 163.

Her sister, Ada, suffers from “ la mauvaise circulation de son sang ” (10).

fertility) surrounds the hotel and threatens to inundate it: “La preuve que le marais gagne, c’est que le fond du jardin devient marécageux” (15).

Overall, however, the narrator offers minimal direct description of her body and its changes, instead focusing on the deteriorating state of the edifice, her “problèmes de tuyauterie,” and her sisters. Christine Détrez and Anne Simon identify Redonnet’s treatment of the body in *Splendid Hôtel* as part of a trend in contemporary French fiction where “la maison apparaît très clairement comme un corps à la fois souffrant et enfermant, abject et incontournable” (67).³¹¹ The relationship between the narrator’s body and the (once maternal) hotel is quickly established to the reader, as the incipit declares the Splendid Hôtel is not what it once was: “Le Splendid n’est plus ce qu’il était depuis la mort de grand-mère. Il faut sans arrêt déboucher les sanitaires” (9). Likewise, the narrator confirms that her own body has already passed its prime: “De nous trois, c’est moi la plus jeune, mais c’est moi qui parais la plus vieille” (9). Throughout the narrative, she remains inseparable from the hotel, reinforcing her connection to the edifice where nothing flows correctly: “Je n’ai jamais quitté le Splendid Hôtel” (19). The narrator ruminates on how her grandmother (a once functional reproductive body) had been more successful in the hotel’s upkeep. Within this hotel, the narrator has no room of her own and dwells in an uncomfortable transitional state moving from one flooding room to another. Her inability to find peace within the hotel represents a difficulty accepting her changing body as she experiences menopause: “Chaque matin, je débouche les sanitaires dans toutes les

³¹¹ Détrez, Christine & Anne Simon. *A leur corps défendant: Les femmes à l’épreuve du nouvel ordre moral*. Paris: Seuil, 2006. 67.

chambres” (12). Still, Redonnet’s work only metaphorically works with the issue of menopause and does not offer much insight into perceptions of the lived experience.

Redonnet thus captures an experience of menopause that embodies entirely negative stereotypes without questioning them—an approach which serves her project’s purposes. In their article “Redonnet Redoes,” Warren Motte and Cathy Jellenik relate the protagonist’s menopausal state to Redonnet’s approach to literature at the beginning of the triptych: “Redonnet comes upon literature in a state of menopause: what was once fecund is now barren, and the (literary) body no longer possesses the ability to engender progress” (70).³¹² This acute observation illuminates Redonnet’s oeuvre and project, and confirms that she adheres to and recycles negative perceptions of menopause. Sterility and menopause represent depressing and destructive states in comparison to fertility. Within Redonnet’s project, the sterile existence ultimately precedes a more fecund one, with each installment in the triptych, suggestive of optimism for the future of fiction. If, as I argued in Chapter 2, Rose Mélie Rose offers hope and more perceptive approaches to the female reproductive body, insightfully exploring the human experience of this body, then Splendid Hôtel represents a tight adhesion to the truisms of menopause and sterility, refusing to depart from negative perceptions of it or even directly represent the menopausal body itself.

This chapter explores two works of contemporary fiction, Marie Darrieussecq’s Truismes (1996) and Louise Lambrichs’ Journal d’Hannah (1995), that boldly experiment with ways to write lived experiences of female sterility. Each author

³¹² Jellenik, C. & Motte W. “Redonnet Redoes.” Contemporary French and Francophone Studies. 2006. 10(1): 63-71.

challenges common perceptions of sterility and offers fresh ways of understanding womanhood, the female reproductive body, and (pro)creation—both biological and literary. Both Darrieussecq and Lambrichs give sterile, writing subjects voices, while confronting medicine and technology's impact on contemporary perceptions of womanhood (*féminité*) and the female body. Marie Darrieussecq's Truismes (1996) rewrites the metamorphosis narrative and presents the protagonist's body as a microcosm of the female reproductive body experience. The protagonist's description of her metamorphosis into a sow conflates with her menopausal changes, thus enacting menopause as a perceived limit of womanhood. Darrieussecq confronts the reader with contemporary prejudices concerning menopause, exposes their absurdity, and overturns them by valorizing different kinds of creativity. In an entirely different work, Louise Lambrichs' Journal d'Hannah (1995) chronicles a woman's experience of sterility following a botched abortion in Vichy France. Lambrichs taps this intimate genre by exploring the narrator's lived experience of sterility and her resulting alienation from medicine and society. Yet, she also uses the journal to chart a personal history of "les années noires" that engage the reader in reflection on difficult kinds of collaboration and approaches to memory. By recounting narrators' perceptions of sterility, both works force the reader to rethink the birthing/ creation metaphor, explore types of literary creativity, and reframe sterility as not an end, but a beginning.

Hystérogaphies et les problèmes de ventre: Body image and menopause in Marie Darrieussecq's Truismes

“Je suis restée femelle malgré tout” (23)

Marie Darrieussecq's Truismes (1996) directly challenges the notion of menopause as a limit of womanhood through her protagonist's metamorphosis into a sow. This work earned instant critical recognition and bestseller status. It sold 300,000 hardback copies and has been translated into thirty-eight languages worldwide, making it the biggest first-book success in France since Françoise Sagan's Bonjour Tristesse.³¹³ When asked to explain her work's phenomenal reception, Darrieussecq pointed to the female body: “Maybe it was the combination of humour and anguish, or the fact that it was a young woman talking so frankly about a young woman's body.”³¹⁴

Truismes exploits numerous contemporary themes typically treated by French newspapers and women's magazines, including a preoccupation with physical aging and the notion of body image.³¹⁵ The seemingly naïve, nameless autodiegetic narrator embodies this obsession with self-perception and its relation to physical reality, as she

³¹³ Rodgers, Catherine. “Aucune Evidence: Les Truismes de Marie Darrieussecq.” Romance Studies. 18.1(2000): 69-81.

This success was accompanied by severe criticism. Critic Pierre Jourde states : “Truismes est une petite crotte desséchée ” (128) and suggests that Darrieussecq “ devrait changer de métier ” (135).

Jourde, Pierre. La littérature sans estomac. Paris : L'esprit des Peninsules, 2002.

³¹⁴ Henley, Jon. “Parables of Panic: An interview with Marie Darrieussecq.” The Guardian. 16 June 1999.

³¹⁵ Rodgers, Catherine. “Aucune Evidence: Les Truismes de Marie Darrieussecq.” Romance Studies. 18.1 (2000): 69-81.

Jordan, Shirley. “Saying the unsayable: identities in crisis in the early novels of Marie Darrieussecq.” Women's Writing in Contemporary France. Ed. Gill Rye and Michael Worton. Manchester: Manchester University Press, 2002. 142-153.

Numerous literary critics including Jeanette Gaudet, Gill Rye, Shirley Jordan, and Anat Pick have responded to the metamorphosis of the autodiegetic narrator's body into a sow and have generated rich analyses of this novel's concretization of the metaphors of the female body and their relation to female and human identity. Multiple layers of intertextuality, ranging from Ovid's Metamorphosis to Kafka's Metamorphosis, to Orwell's Animal Farm, have not escaped the attention of critics either, who have commented at length on the impact of gender on the metamorphosis narrative. No critic thus far has closely examined the significance of the narrator's initial physical transformations while in human form and their implications for contemporary perceptions of the female reproductive body.

laboriously records her body's two sets of transformation in a futuristic, dystopic French society that eerily resembles France of the mid-1990s. Indeed, the narrator subversively chronicles her overly sexualized and constantly changing body and is intensely aware of her own image, not only from her reflection in a mirror, but from in-body observations. Vivid descriptions of drastic physical changes, even before her transformation into a sow, saturate the pages as her body becomes pregnant several times, miscarries, aborts, becomes sterile, and finally menopausal.

Still, scholars have neglected to explore in depth one essential dimension to the text: the role of menopause in her metamorphosis. Before her transformation into a sow, the protagonist's body experiences changes that exactly parallel the symptoms identified by the Association Française pour l'Etude de la Ménopause: hot flashes (*les bouffées vasomotrices*), excessive perspiration, insomnia, vaginal atrophy, weight fluctuation, and alterations of hair and skin. With each encounter with the medical institution and its technology, the protagonist's perceptions of her body become progressively less human. Only when she experiences menopause (the perceived brink of womanhood and a uniquely human transition) and visualizes her own womb (through a hysterography), does she completely metamorphose into a sow. She internalizes negative images of the climacteric female body and literally becomes "une vieille truie." Eventually, she fluctuates between the two forms, reaching a final hybrid state that I believe, can be read as a partial transcendence of this social construction of menopause as a limit of womanhood. At the same time, she discovers creativity and writes her story in this

hybrid, barren body. Darrieussecq's work thus contemplates and confronts the limits of womanhood, ultimately attempting to redefine menopause as a positive metamorphosis.³¹⁶

Truismes is a satirical metamorphosis narrative retrospectively recounted by the narrator who writes her story while temporarily in human form. The ever-apologetic narrator opens the work with an apology to her editor about the subversive nature of the narrative and its inevitably difficult reception: "Je sais à quel point cette histoire pourra semer de trouble et d'angoisse, à quel point elle perturbera de gens. Je me doute que l'éditeur qui acceptera de prendre en charge ce manuscrit s'exposera à d'infinis ennuis" (9). Yet, she still urgently describes the need to write in order to spread her story, because "personne ne voudra ni m'écouter ni me croire" (9). She saturates the pages with rich word play (countless pig/pork analogies, double entendres, truisms, etc.), slang, and thinly veiled cultural references. The narrator is (overly) reflective on her writing process, which she explains, is physically painful ("tenir le stylo me donne de terribles crampes" (9)) and impractical. Instead of writing indoors at a desk, she writes outside in a lowly, muddy environment ("Je ne vous parle pas de la difficulté pour trouver ce cahier, ni de la boue, qui salit tout, dilue l'encre à peine sèche"(9)) with little light ("je manque aussi de lumière"(9)). In spite of writing's arduous nature, she is dedicated to record her lived experience of metamorphosis before she forgets: "L'action même de me souvenir m'est très difficile" (11). The narrator acknowledges that her manuscript will be equally difficult to read: "J'espère que l'éditeur qui aura la patience de déchiffrer cette écriture de cochon voudra bien prendre en considération les efforts terribles que je fais pour écrire le

³¹⁶ As Shirley Jordan points out, the transformations "stand in metaphoric relation to a wide range of experiences" and the changes "exemplify to the point of caricature the monstrous or abject body" (Women's Writing, 143).

plus lisiblement possible.” She also consciously addresses her reader throughout the text, begging for understanding and excusing her own language: “Je supplie le lecteur, le lecteur chômeur en particulier, de me pardonner ces indécentes paroles. Mais hélas je ne serai pas à une indécence de près dans ce livre ; et je prie toutes les personnes qui pourraient s’en trouver choquées de bien vouloir m’en excuser ” (10). As she narrates, she questions her ability to effectively communicate and often hesitates to expose details too soon, or to risk shocking her readers with elements of her story (“il est encore trop tôt pour que je vous raconte ce que j’ai vu dans la glace, vous ne me croiriez pas ” (53), “je ne voudrais pas vous infliger trop de détails ” (56), “je vous jure ”(59)). Nonetheless, the importance of communicating her story of transformation and coming into writing is worth the risk and effort.

Les problèmes de règles

In order to recount her story of metamorphosis, the narrator begins with a detailed portrait of the woman she was before the change, who as Cottille-Foley points out, perceives herself uniquely with a “regard extérieur” (202).³¹⁷ The narrator displays a distinct bodily self-awareness that sharply contrasts with her apparent ignorance of the world around her. Despite an extremely naïve disposition, she understands how others perceive her body and recognizes how and to what degree her body deviated from a well-defined social, cultural, and scientific norm. Body image is hyperbolically one of the narrator’s central preoccupations, even before her transformation into a sow. Descriptions

³¹⁷ Cottille-Foley, Nora. “ Métaphores, Métamorphoses, et retournements symboliques dans Truismes de Marie Darrieussecq : mais qui finit à l’abattoir ? ” Women in French, 10 (2002) : 188-205.

initially focus on her corporeal plasticity, which she desperately attempts to discipline in order to comply with contemporary standards of beauty. She is socialized to conform to a certain body shape in order to attract men and women who can financially support her. Due to the nature of her work (perfume saleswoman /“masseuse”/ prostitute), certain physical standards are delineated by her employer, encapsulating the aesthetic ideals of the late twentieth century: “Le directeur de la chaîne me disait que dans la parfumerie, l’essentiel est d’être toujours belle et soignée, et que j’apprécierais sans doute la coupe très étroite des blouses de travail, que cela m’irait très bien” (11). She credits her physical attractiveness to an “élasticité merveilleuse” and a “pneumatic” quality to her skin (11). Her language’s quasi-scientific overtones echo the claims of the beauty products that she sells that are marketed to rejuvenate aging skin.³¹⁸ The juxtaposition of her employer’s physical guidelines with the narrator’s self-avowed “elastic” qualities foreshadows the inevitable rupturing of this rigid outfit that will not long contain her body, as it typifies the Kristevian abject body that leaks, bleeds, and proves utterly uncontainable.

Even as the narrator religiously adheres to cultural aesthetic standards, her body’s reproductive interior deviates from the norm. When she first gains a few kilos, she consciously rejects the standards of beauty outlined in magazines and allows her body to redefine them: “je me suis trouvée, je suis désolée de le dire, incroyablement belle, comme dans les magazines mais en plus appétissante ” (13). Positive reinforcement from strangers confirms her desirability in spite of her slight weight gain. Yet, as the

³¹⁸ L’Oréal, for example, markets “Activa Cell” as: “Un ferment aquatique qui aide à réduire les signes du vieillissement en atténuant les lignes fines, révélant une peau renouvelée. *Améliore l’élasticité de la peau, procure une peau radieuse et des pores resserrés.*”

“Activa Cell.” *Lorealparis.ca*. Web. 17 January 2008.

protagonist focuses on maintaining her physical exterior, her reproductive interior grows increasingly unmanageable. In a country where “il y a de moins en moins de bébés” (20), (echoing France’s perennial concern with depopulation), her body seems to conform and become pregnant as though complying with social pressure to reproduce (20). With pregnancy, her body’s pneumatic quality expresses itself and surpasses the limits of the clothing constructed to contain it. It just barely remains within the confines of the socially acceptable:

Or, c’est à cette époque-là exactement que mes seins ont pris du galbé comme mes cuisses. C’en était arrivé à un point où j’avais dû abandonner mes bonnets B, les armatures me blessaient. [...] Mais le directeur me rassurait et disait qu’à mon âge ça se tenait tout seul, que je n’avais aucun besoin de soutien-gorge. Et c’est vrai que ça se tenait remarquablement bien, même quand je suis passée à la taille D; mais là j’ai craqué, j’ai acheté un soutien-gorge avec l’argent du pain que j’avais mis de côté petit à petit (17).

Although her body fluctuates, at this point, it remains feminine. She manages to painfully force it into clothing. When clients clearly associate her transformations with the internal hormonal changes of a pregnancy, she denies the possibility entirely, even after an apparent miscarriage (20, 23).

The narrator recounts her irreverent sexual behavior and constant “problème[s] de règles,” (both bleeding excessively or not at all) that clashes with society and medicine’s own rules (*règles*) (24). She does not experience her body the way that medicine expects, refusing to recognize her pregnancy and adhere to the prescribed prenatal behavior. A male gynecologist instantly recognizes and condemns her illicit profession and irresponsible behavior, especially during pregnancy: “il m’a traitée de petite grue” (23). He explicitly diagnoses her miscarriage even though she vehemently denies it: “il m’a dit que j’avais fait une fausse couche, il a fourré plein de coton là-dedans et il m’a envoyée

dans une clinique” (23). This crude medical treatment for her miscarriage involves packing her with cotton to control hemorrhaging, conjuring images of stuffing a pig. At the clinic, doctors again denounce her behavior and seem to perform surgical sterilization, punishing and permanently altering her body: “J’ai un peu mal au ventre, aujourd’hui encore, de tout ce qu’ils m’ont fait à la clinique” (23). She again questions the medical diagnosis of pregnancy and miscarriage (“la prétendue fausse couche”), refusing to acknowledge its existence, even retrospectively: “Mais moi, je suis sûre que je n’étais pas enceinte” (23). Still, entirely preoccupied with her external appearance, the narrator refuses to look towards her physical interior to understand and interpret her body’s transformations: “Il me semble que quand on est enceinte on le sait” (23). An inherent distrust in the medical institution permeates these experiences because her lived bodily perceptions are entirely ignored by doctors and do not coincide with their diagnoses.

A second unplanned pregnancy exacerbates the protagonist’s perceived lack of control over both body and mind, as she continues to fixate on her external appearance (23): “C’est mon corps qui dirige ma tête, je ne le sais que trop maintenant” (26). This time, her body does not even comply with the expected appearance of a pregnant woman, once again threatening to depart from a feminine figure: “Et mon ventre ne ressemblait pas du tout à celui d’une femme enceinte, ce n’était pas un beau globe rond mais des bourrelets que j’avais” (29). She cannot ignore her interior as her body explodes out of her clothing, once again expressing its elasticity:

Encore un mois ou deux, et je ne pourrais plus du tout entrer dans ma blouse, mon ventre déborderait, et déjà ce n’était plus si excitant que ça aux bretelles et au décolleté, la chair ressortait trop (29).

Her nonconformist body also provokes atypical behavior in others, especially clients, who react to these changes with animalistic violence (28). She seizes control of her body's changes by consciously rejecting potential motherhood and terminating her pregnancy.

In this all too familiar dystopic society, abortion is approached and experienced as a perverse spectacle that places the reproductive body on stage, literally rendering this intensely private procedure, grossly public. At the clinic, a pro-life activist chains himself to the foot of the operating table and swallows the key (30). Still, the doctors perform the procedure, allowing this stranger to witness everything first-hand and recite psalms in protest: "Il y avait un type enchaîné aux étriers de la table d'opération, il psalmodiait quelque chose" (30). His voice of opposition pervades her abortion. Yet, the protagonist does not appear bothered by his presence and perceives this scene as more of a punishment for the protester than herself: "il a été obligé d'assister à tout" (30). Still, her private reproductive choices are observed, judged, and impacted by a complete stranger. The protester and aborting woman serve as each other's punishment and both individuals appear guilty, for the protester's body is so close to the protagonist during the procedure that "Il était tout couvert de [s]on sang" (30). This scene's spectacular quality eerily stages the abortion controversy of the 20th century, which also publicly debates the legal and ethical status of the female reproductive body. The grotesque nature of the scene underscores society and medicine's apparent disregard for the woman's lived experience of the procedure. Still, throughout the experience, the narrator maintains a spectator's position and does not reflect on her body's interior.

Following the abortion, the clinic performs a hystero-graphy (a radiographic visualization of the uterus) forcing her to acknowledge her reproductive organs. Upon viewing her womb, the doctors proclaim “ils n’avaient jamais vu un utérus aussi bizarrement formé” (31).³¹⁹ In a world where her physical exterior is constantly evaluated, the appearance of her uterus is judged by the medical community—and even it transgresses the norm. This concrete image of her interior is circulated and “studied,” escaping control as if it no longer belonged to her: “Ils ont même gardé *l’hystérogaphie* pour l’étudier de près” (31). Her body image drastically changes as it is implicitly condemned for its internal imperfections (23, 46, 96). Yet, the hystero-graphy finally draws her attention to the internal, subversive reproductive organs that, according to physicians, might cease to work entirely as a result of the abortion: “ils m’ont dit aussi que je risquais de devenir stérile” (30).

After these encounters with the French medical community, the narrator’s body initially resists its predictions, defies scientific understanding, and escapes its control. Aware of her body’s interior, she experiences a state of sterility, accompanied by pregnancy-like symptoms ranging from nausea to cravings for raw potatoes: “Mes règles n’étaient pas revenues depuis mon avortement” (37). All attempts to lose weight and minimize her bodily changes fail. She expresses an insatiable, socially unacceptable

³¹⁹ In 2004, in a *Paris Match* article “Le jour où... j’ai appris que j’étais une fille Distilbène,” Darrieussecq reveals a similar real life experience. She recounts that her mother took Distilbène, a drug to prevent miscarriage, during her pregnancy. Later, studies revealed malformations and sterility in the daughters of women who took these drugs. Darrieussecq was no exception, as she discovered later in life. “Aux hystérogaphies succèdent les hystéroscopies.[...] Brandissant les radios, le spécialiste qui nous reçoit annonce: “A gauche, un utérus normal, à droite le vôtre. ” Effarée, je vois à gauche un joli triangle isocèle prêt à recevoir des enfants, à droite une espèce de tortillon en forme de Y. Durant des années, j’ai rejeté l’idée, mais je suis une handicapée ” (146).

Darrieussecq, Marie. “ Le jour où... j’ai appris que j’étais une fille Distilbène. ” *Paris Match*. 2869 (13 May 2004) : 146.

desire for sexual contact: “Mais j’avais trop envie, vous comprenez” (38). Her attitude towards her ever-changing body shifts and she begins to appreciate its transgressions, even identifying more with her instinctual, animalistic side: “Dans les miroirs je me trouvais belle, un peu rouge certes, un peu boudinée, mais sauvage, je ne sais pas comment dire. Il y avait comme de la fierté dans mes yeux et dans mon corps” (39). Her earlier need to comply with social standards of external beauty lessens, as she herself defines attractiveness according to her own body’s limits.

The metamorphosing menopausal body

Gradually, the narrator cultivates her “regard intérieur,” as she experiences peri-menopausal symptoms associated with hormonal changes (37).

En tous cas, mes règles sont revenues, c’était déjà ça. [...] C’est ce téton en plus qui me faisait faire du souci, et puis mes règles aussi, paradoxalement. J’étais bien contente de les voir revenues, mais comme toujours elles me fichaient par terre, j’étais très fatiguée et je n’avais plus cœur à rien. *C’est hormonal il paraît*. Peut-être aussi que je trouvais ça inquiétant, à force, de n’avoir pas été fécondée, vu qu’ils m’avaient bien prévenue à la clinique. Mes règles étaient d’une ampleur exceptionnelle, un vrai raz de marée, de quoi faire croire de nouveau à une fausse couche. Mais j’étais décidée à ne plus consulter aucun gynécologue. De toute façon je n’avais pas d’argent. Je comprends maintenant que même si j’avais été enceinte, déjà à ce moment-là ça n’aurait pu donner que des fausses-couches. Et ça valait mieux comme ça (45-6, my italics).

Her body follows its own rhythm as it experiences peri-menopausal symptoms ranging from fewer periods, fatigue, skin sensitivity and roughness (49), acne, incontinence, cellulite (57), and balding, to hair growth in unacceptable places (48). The protagonist’s increasingly unfeminine body continues to extend beyond the limits of the socially acceptable and loses its value at work. Her tight uniform no longer contains her body:

“Elle était beaucoup trop étroite, le blanc s’était terni et mes bourrelets avaient fait craquer trop de coutures” (49). The troublesome nature of her irregular rhythms is confirmed in feminine magazines warning of the physical ramifications of this internal disharmony that extends to the cellular level:

Je ne pouvais jamais être au diapason de mon corps, pourtant *Gilda Mag* et *Ma beauté ma santé*, que je recevais à la parfumerie, ne cessaient de prévenir que si on n’atteignait pas cette harmonie avec soi-même, on risquait un cancer, un développement anarchique des cellules (47).

Attempts to control her body with cosmetic, curative creams, and injections fail or lead to severe allergic reactions: “Le pire, c’était les poils. Ils me venaient sur les jambes, et même sur le dos, de longs poils fins, translucides et solides, qui résistaient à toutes crèmes dépilatoires” (50). Even natural cures, provided by one of her clients, “*le marabout*,” only exacerbate her state (40). In spite of her desperate attempts, her body and hormones will not fit any mold: “Je me suis mal habituée à ce nouveau rythme de mon corps. J’avais mes règles tous les quatre mois environ, précédées juste avant d’une courte période d’excitation sexuelle, pour appeler un chat un chat ” (46).

Only with the onset of these extreme menopausal symptoms, does the narrator appear to exit womanhood and perceive herself more as a literal “vieille truie” and less as a woman.³²⁰ Instead of hot flashes (*les bouffées de chaleur*), she goes “in heat,” experiencing “ses chaleurs” (51). The distinction between a woman’s body and a sow’s becomes increasingly ambiguous as she develops additional breasts, or teats, like a sow: “Le téton au-dessus de mon sein droit s’était développé en une vraie mamelle, et il y avait trois autres taches sur le devant de mon corps, une au-dessus de mon sein gauche, et deux

³²⁰ According to the *Trésor de la langue française informatisé*, “Vieille truie” is a pejorative expression for a woman who is “grosse,” “malpropre” and “de mauvaise réputation.”

autres, bien parallèles, juste en dessous” (57, 81). As the narrator actually metamorphoses into a sow, she embodies the perception of menopause as a passage out-of-womanhood and even humanity.

The narrator’s unique identification with an older, seemingly menopausal client reinforces this interpretation of her metamorphosis. The unnamed client is “assez âgée”, “frigide,” childless, and called “la vieille peau,” suggesting that the older woman was also a former prostitute (20).³²¹ In spite of the client’s wealth, she remains on the margins of society and openly fixates on the younger woman’s fertility and youth, diagnosing the narrator’s pregnancy: “la cliente reconnaissait les symptômes partout” (20). The protagonist astutely recognizes that, as her body ages, it will grow to resemble her client’s body: “Son corps ne me déplaisait pas, je trouvais intéressant de voir *comment j’allais devenir* dans quelques années” (24, my italics). Although this potential physical resemblance does not bother the protagonist, she fears meeting a similar fate. Perhaps because of the client’s marginalized place in society, she is slaughtered in the middle of the town square, symbolically forced to bleed once again (26). During her metamorphosis into a sow, the narrator identifies with the client and fears suffering a similar demise (53): “La seule personne égorgée que je connaissais, c’était ma cliente d’autrefois, celle qui avait été assassinée ” (55). By recognizing this connection, the narrator is motivated to find a way to escape this grisly end.³²² In part because of her client’s example, the

³²¹ According to the *Trésor de la langue française informatisé*, “une vieille peau” can mean either “une personne âgée” or “prostituée.”

She decodes the corporeal indicators of the narrator’s first pregnancy and teaches her how to interpret the signs (20). The narrator confirms that she was childless : “je savais que la cliente n’avait jamais eu d’enfant” (20).

³²² Indeed, at the close of the novel, the narrator nearly meets her end in a slaughterhouse, but consciously refuses to accept this fate.

narrator resists overvaluing ephemeral physical qualities like fertility and beauty. She chooses to embrace her mind as well as her body's ability to constantly change.

Instead of framing her metamorphosis as a tragic end to womanhood (or humanity), the narrator compares it to another transitional stage of existence and period of intense corporeal change (that actually leads to fertility): puberty. "En plus de la douleur dans l'échine j'avais mal dans la poitrine, je ne voulais pas soulever ma robe pour voir où en étaient les taches, et ma nouvelle mamelle tirait douloureusement sous la peau, comme à la puberté" (85, 56). Ironically, her new form, a sow, is symbolic of fertility in many cultures, strongly suggestive that she will discover a new type of fertility and create in this body and mind (Rodgers 77). As a hybrid, she experiences a nearly successful pregnancy, which allows her body to defy science and surpass the laws of medicine (94). Although her six hybrid piglet offspring do not survive, her reproductive body escapes scientific control and understanding as it oscillates between pig and human state (see chapter 3). In this transitional state, free of preconceptions and medically predetermined limitations, the narrator's mind develops and she learns to control her perceptions and appreciate even the most abject dimensions of her various physical states. This fluctuation between states also allows her to finally avoid categorization and thus be somewhat at peace with herself.

The narrative ends in a slaughterhouse triumphantly confronting the only female reproductive body that functions and produced live offspring: her own mother. Despite her age, the narrator's mother recently had a late-term abortion, proof of her remarkably preserved fertility: "Il n'y avait pas si longtemps que ça, avait attendu le cinquième mois

avant de se faire avorter en pleurant, on avait trop besoin de son salaire à la maison” (29). When her mother discovers her daughter in pig form, she conspires with her daughter’s former employer to slaughter her and literally sell her meat (like prostitution) on the black market. The protagonist is forced to confront the individuals who had long monitored and controlled her physical appearance. During this confrontation, she recognizes her ability to think independently, instead of blindly accept her fate, a quality that distinguishes her from her porcine peers: “ça continue à penser comme les hommes là-dedans” (150). When these two individuals, symbols of physical repression, attempt to slaughter her, she easily kills them before returning to nature. The pig thus slaughters the butchers, rejecting and redefining the pig’s role in the slaughterhouse, and seizing control of her own future. With this gesture, she escapes the fate foreshadowed by her menopausal client’s story and symbolically rejects the prescribed societal beliefs about her body that had once governed her perception, appreciation, and understanding of it.

Through the heightened perceptivity of the naïve narrator, the novel reveals the contemporary female reproductive body and its full range of experiences, as it collides with the social structures/attitudes in place to restrict and civilize it. The narrator’s seemingly naïve perceptions and observations expose how a woman can adapt and overcome prejudices and restrictions. She grows to perceive her body as a whole, autonomous, constantly changing being, instead of a parceled, medicalized, and overly sexualized mess (Jordan 144). She finds empowerment in her continuously fluctuating corporeal states and gains a new appreciation for her mind and body.

As Catherine Rodgers remarks, the narrator ultimately develops a “poetic voice” and becomes a productive and creative being through the composition of her body’s story.³²³ Through writing, her body overcomes the verbal, physical, social, and political violence to which it was subjected. As she recounts her experience, she reveals to the reader her new perspective on events and the people around her with such comments as “c’est maintenant que je comprends le sens de cette phrase”(63). The narrator accesses her creative dimension by documenting her experience and altering relationship with her body and valuing her mind. As she writes, her body experiences cramps that announce her creativity, not her procreativity (like menstrual cramps): “Or tenir un stylo me donne de terribles crampes” (9). As Rodgers acutely observes, some of the most “poetic” passages in the work are inspired by the narrator’s relationship with nature (73). At the novel’s end, the moon that once exerted its powerful influence on her menstrual cycles, provides light for her to read her creation and inspiration to reclaim her human form: “L’envie me vient quand la Lune monte, sous sa lumière froide je relis mon cahier. C’est à la ferme que je l’ai volé. J’essaie de faire comme me l’avait montré Yvan, mais à rebrousse-poil de ses propres méthodes: moi c’est pour retrouver ma cambrure d’humain que je tends mon cou vers la Lune” (73).³²⁴ Nevertheless, even in nature, the narrator’s body cannot entirely transcend her internalized expectations and preconceptions, nor her desire to return to society. As a product of society, she has only partially transgressed beliefs about her body. Still, this partial transgression represents the beginning of her

³²³ Rodgers, Catherine. “Aucune évidence: les truismes de Marie Darrieussecq.” *Romance Studies*. 18.1. (2000): 69-81.

³²⁴ Unlike her lover, Yvan, a werewolf, who never escapes the moon’s powerful control over his body (turning him into a wolf), she does.

recognition of self and her beliefs do not prevent her from achieving a different type of personal inspiration and creation.

Thus, Truismes offers a positive reworking of the lived experience of menopause, writing it not as an end, but as the next step in the evolution of the ever-changing female body. Darrieussecq's narrative boldly confronts this metaphoric limit of womanhood with a rewriting of the metamorphosis narrative, providing a first-hand depiction of the menopausal body. Her novel exposes society's preconceptions and prejudices of female aging and provides a reflection on this change so rarely featured in French fiction. Instead of overlooking or avoiding the taboo topic of menopause, this author gives voice to the women who experience it and dares to challenge traditional stereotypes and perceptions of this life stage. Rather than representing the body as a barren space void of interest, Darrieussecq's work finds fertile ground on which to allow women to discover inner worth and creativity, worthy of sharing and even publishing.

Writing Sterility in Louise Lambrichs' Journal d'Hannah (1993)

La France renaît, fait des
enfants, oublie la guerre.
Moi je ne peux pas. Ni faire des
enfants. Ni oublier la guerre.
Peut-être, en effet, cela va-t-il
de pair
(Lambrichs 107).

The French literary magazine *Lire* voted Louise Lambrichs' Journal d'Hannah the best book of the year in 1993. Lambrichs, daughter of the editor Georges Lambrichs, began publishing in 1987 with Le Cercle des sorcières. In 2010, she has a wide range of publications to her name spanning a rich variety of genres and topics, experimenting with

different forms from articles on contemporary scientific debates (cloning, dyslexia), novels, journals, texts accompanying photography, screen plays, psychoanalytic texts, and translations of medical textbooks. Lambrichs exhibits a particular interest in writing voices of the female reproductive body. Journal d'Hannah, her second work of fiction, adopts the form of a young Jewish mother's diary during World War II that records a personal history of "les années noires" and explores her many losses and sacrifices, including a botched, involuntary abortion resulting in secondary sterility.

Although this work and author have recently gained more critical attention, Journal d'Hannah remains relatively unexplored by scholars. In the first chapter of Gill Rye and Michael Worton's book Women's writing in contemporary France (2002), Victoria Best adopts a psychoanalytic approach to the work, examining the narrative's rich treatment of trauma and dream. As Best succinctly observes, the work "unites the personal tragedy of a lost child with the historical tragedy of genocide" (30). While Best views the narrative's interest "less with the medical issues than in the psychological perspective [Lambrichs] adopts," I believe that this work's deliberate treatment of the medicalized experiences of pregnancy, abortion, and sterility consciously and meaningfully exposes the protagonist's increasing perception of alienation from medicine. As this work challenges the effectiveness of medical diagnosis, technology, and psychoanalytic therapy, it reframes the lived experience of sterility as a difficult, but intellectually and creatively rich time (29). At the same time, Journal d'Hannah refreshes the intimate space of the diary to reexamine relationships between the body, medicine,

and country, while engaging the reader in reflection on issues of writing, memory, and French history.

Mistrusting medicine and “curing” the broken body and mind

Journal d'Hannah appears as an authentic diary/dream journal with each entry individually dated and varying in length. Within this form, the autodiegetic narrator, Hannah writes a personal history of intimate reproductive experiences of pregnancy, abortion, and sterility.³²⁵ Her entries span 1943 to 1962 and discuss a rich variety of topics ranging from pregnancy and medicine to collaboration and the “devoir de mémoire”.³²⁶ The first entry announces her pregnancy and anchors the story historically in 1943, during a fleeting moment of hope and possibility: “Je crois que je suis de nouveau enceinte” (9). Since her French husband has joined the Resistance, Hannah anticipates the risks of childbirth during wartime, especially as a Jewish mother. Still, she perceives the pregnancy as potentially strengthening her family in politically tumultuous times. In her diary, she records the physical clues of her state:

J'ai attribué ce retard aux événements, à cette vie insupportable que nous menons, depuis le début de la guerre, à la mauvaise nourriture, aux difficultés, aux privations. Mais j'ai les seins lourds à présent, et de fréquents malaises. Robert ne s'est aperçu de rien (9).

From her perspective, the social circumstances pose challenges to her pregnancy that her family can easily overcome. The rest of the journal starkly contrasts with this entry as it

³²⁵ The materiality of the notebooks is accentuated with indications of where one notebook finishes and a new one begins.

³²⁶ For further discussion on the devoir de mémoire, see Conan's Vichy, un passé qui ne passe pas (1994). Conan, Eric & Henry Rousso. Vichy, un passé qui ne passe pas. Paris : Fayard, 1994.

chronicles her perceptions of coming into sterility after abortion and subsequent attempts to find meaning in this state.

Hannah's journal voices distrust of the medical establishment as it recounts her intimate lived reproductive experiences in wartime France. Accounts of dreams articulate Hannah's psychological turmoil to the reader, while directly criticizing the increasingly invasive nature of medicine. After consulting a trusted family doctor, Dr. Lebrun, who immediately acts as her ally and attentively manages her health and diet, an account of Hannah's dream reveals an unspoken anxiety about her relationship to the medical institution and its probing nature (10). In this dream, a doctor shows an image of her fetus on a screen. (Because the sonogram was not used in obstetrics in France until the late 1960s, this dream appears anachronistic.³²⁷) Still, it illustrates the grasp of the medical institution on the body that would intensify later in the 20th century:

J'allais à l'hôpital voir mon accoucheur, il me posait quelques questions, puis me demandait de m'allonger et me palpait le ventre. Ensuite, il désignait un écran, devant moi, en disant : "Regardez, vous allez voir votre bébé." Il enfilait alors une espèce de chemise grise à rayures surmontée d'une cagoule d'où partaient toutes sortes de fils électriques, il collait son oreille contre mon ventre, l'écran s'allumait, et je voyais mon bébé. Un fœtus comme dans les livres, mais qui bougeait. "Il est déjà bien développé," marmonnait le médecin en me chatouillant le ventre de ses moustaches, on saura bientôt si c'est un garçon ou une fille (12).

The doctor himself embodies an imagined form of probing technology that uses sound (like an ultrasound), symbolized by his ear pressed against her womb, to visualize her fetus. His intimate access to her body threatens her personal life by questioning her religious beliefs ("Si c'est un garçon, vous le ferez circoncire?" (12)), fidelity to her husband ("pourquoi votre mari ne vous accompagne-t-il pas?"), and loyalty to her

³²⁷ Woo, Joseph. "A short history of the development of Obstetrical and Gynecological Ultrasonography in France." *ob-ultrasound.net*. March 2008. Web. 5 October 2008.

country (“je comprenais que cet homme m’accusait d’avoir trompé mon mari avec un Allemand” (13)). Even though her fetus is legitimate, the doctor holds power to destroy her life with false accusations. When Hannah flees the office, she meaningfully finds herself locked out of her home, as though prevented from experiencing her pregnancy within the safety of her own home: “j’arrivais à la maison mais j’avais oublié mon sac, mon sac avec mes clés, j’étais en sueur en larmes en sang, du sang entre les jambes, il coulait à flots, et je ne pouvais rentrer chez moi” (13). As a result, Hannah finds herself in the open, helplessly losing her child (bleeding from her womb), and entirely at the mercy of medicine. This discomfort with the medicalized, public nature of birth resurfaces in Hannah’s dreams after the abortion as well: “Je trouvais curieux qu’il pratique cet examen intime dans une salle où circulait tout le monde ” (30).

Hannah’s dreams articulate feelings of alienation and powerlessness towards both medicine and her husband, Robert. While she has a physical connection to the four month old fetus (“près de quatre mois sans doute, puisque je l’ai senti bouger” (21)), the pregnancy remains nothing more than an abstract inconvenience to Robert. Upon learning the news, Robert decides to terminate the pregnancy for fear of compromising his role in the Resistance and limiting the family’s ability to travel long distances to escape deportation. Hannah perceives herself as helpless and entirely excluded from the critical decision-making process that profoundly affects her (and her fetus’) body: “Je me suis laissée conduire comme une poupée, je n’étais plus là, il m’a poussée dans un taxi et nous nous sommes retrouvés devant le médecin” (21). Hannah’s body, opinion, and psyche are not taken into consideration, in spite of the risk of medical complications or death:

“Quatre mois, c’est très risqué, a murmuré le docteur Lebrun. Mais Robert avait pris sa décision” (22). The same doctor/ally who confirmed her pregnancy, betrays her and collaborates with her husband to find an abortionist. Within this discussion, Hannah’s voice is silenced and only her journal captures her opinion and perspective.

The journal provides a poignant lack of entries around the actual procedure, which is inscribed by a nine day silence instead of being directly recounted. This poignant ellipsis marks Hannah’s powerlessness when faced with the medical institution and patriarchal society in a time when husbands and doctors have the final word and women cannot determine their body’s future.³²⁸ Five days following her last entry, Hannah writes about learning the sex of the fetus, concretizing her image of the fetus as “authentic,” not “tumoral” (23).³²⁹ The doctor reveals this information without considering the possible psychological implication of rendering the abstraction of pregnancy, a painful reality: “J’aurais voulu que ce bébé reste plus abstrait, un bébé sans sexe, sans avenir. Mais savoir que c’est une petite fille, que c’était une petite fille, lui donne une réalité qui me rend cette perte plus insupportable encore” (23,24). Thus, from Hannah’s perspective, this abortion destroys two female bodies—her unborn fetus’ and her own. As a result, her entries become shorter and more sporadic, emphasizing the emotional impact of the experience. When she writes, Hannah expresses her perception of the abortion as the betrayal of the medical institution and fulfillment of a morbid

³²⁸ The anxiety of losing the ability to make decisions about her body is concretized and underscored in one of her dreams about an unnamed, abusive doctor who first wrongly accuses her of adultery: “Je comprenais que cet homme m’accusait d’avoir trompé mon mari avec un Allemand” (13). Then he decides that this child “n’avait pas le droit de vivre” (13), making the choice for her and performing an abortion: “j’étais en sueur en larmes en sang, du sang entre les jambes, il coulait à flots” (13).

³²⁹ Throughout Hannah’s entries, she refers to the ‘killing’ of her child: “Louise est tellement autre, tellement elle-même, que je ne puis me défendre de l’idée qu’elle est bien cette petite fille qui aurait vécu, si nous ne l’avions pas tuée” (100).

contract: “A part cela, tout s’est bien passé. Pour le médecin du moins. La mère vivante, l’enfant mort, après tout c’est ce qu’on lui demandait, il a rempli son contrat” (23).

Although the account of the abortion itself is absent, echoes of the experience permeate the text, voicing physical concerns and continuing mistrust of medicine. Hannah expresses a unique creativity after her abortion when she begins writing and imagining the intricate narrative of the remainder of her pregnancy, birth, and life of the fictional child, Louise, and her deported, extended family (30).³³⁰ Like the actual violence of the war, memories of the abortion only surface within her descriptions of dreams. Hannah rewrites her traumatic experience of the procedure as a story of birth. In a description similar to Annie Ernaux’s protagonist in *L’événement*, the medical “sound”, (*la sonde sèche*) here in the form of a “tuyau en caoutchouc noir,” is introduced into the womb to provoke a miscarriage, or as Hannah reinterprets it, to facilitate birth.

L’examen lui-même se déroulait d’étrange façon: pour savoir si le col était ouvert ou non, et mesurer l’ouverture, le médecin enfonçait une espèce de tuyau en caoutchouc noir très long et très mince, je me demandais comment tout cela pouvait entrer dans mon ventre et quand il le ressortait, ce tuyau avait grossi et changé de couleur, il était rouge marron, et le médecin hochait la tête en signe d’assentiment [...] (je comprenais que ce tuyau était entré dans le col et avait touché mon bébé, j’attribuais même le changement de couleur du tuyau à ce contact), je ne m’étais donc pas présentée trop tôt, je devais rester à l’hôpital, j’allais bientôt accoucher (31).

With these reinterpretations, Hannah creates an alternate existence that immortalizes in writing the unborn child and lost family, while serving to help her body and mind heal, much like Camille Laurens’ protagonist in *Philippe*. Dreams about her lost loved ones allow her to reflect on and express (albeit indirectly) the impact of both traumas on her

³³⁰ Louise ages in the entries in “real time”. Stories of Louise’s everyday life and adventures saturate the entries. “Depuis trois nuits, j’allait Louise. Elle me regarde avec les yeux bleus de porcelaine, elle a l’air heureux et cette nuit, j’ai rêvé de son rire, et ri avec elle” (48).

identity.³³¹ These dreams and diary entries serve as a “writing cure”, a means of creatively expressing herself through an alternate life where she can gradually recover from the traumatic experience: “Entre rêve et réalité je poursuis ma double vie et vais me coucher comme on se met au travail, quand le travail que l’on mène vous rend à la vie” (47). Within four months, Hannah’s cure helps her move past this trauma so that she can stop writing to actively participate in the Resistance movement.

Hannah’s creative expression resurfaces with the medical diagnosis of sterility, which she perceives as a form of corporeal punishment for the abortion. When she realizes the permanent wartime scars of her abortion, she begins writing in her journal again in 1947 after a four year hiatus: “J’ai cru jusqu’à hier soir que j’étais à nouveau enceinte. J’avais un retard d’une dizaine de jours, j’allais me précipiter au laboratoire pour en avoir la confirmation avant d’en parler à Robert quand mes règles sont revenues” (75). Her many unsuccessful attempts to conceive lead to suspicion of sterility: “Il doit y avoir en moi quelque chose qui ne va pas, qui ne marche plus” (75). A visit to the doctor’s confirms this fear in one simple line, as though her writing were impacted by the sterility as well: “Je ne pourrai plus jamais avoir d’enfant” (79). She employs a vivid vocabulary (“amputée,” “mutilée,” (82)) that echoes battlefield injuries to describe her body after its encounter with medicine. Her broken reproductive body literally becomes an obstacle to her happiness and a means to rekindle a relationship with her husband who has recently been unfaithful: “Mais il arrive que l’on retombe dans les mêmes impasses, se heurte aux mêmes murs, c’est ce qui m’est arrivé plus brutalement que jamais l’autre

³³¹ Simultaneously, she perceives a loss of her Jewish identity, when she is baptized and renamed “Anne,” in order to avoid suspicion of her Jewish heritage (25). Hannah also changes her last name to “Périer” to reflect a Franco-Belgian heritage.

jour lorsque le docteur Kranz m'a appris que désormais j'étais stérile" (80). In a time before fertility treatment, this surgically-imposed sterility signals a definite end to reproductive life : "Ce n'était pas sur une illusion menacée que je pleurais, ni sur ma solitude, mais de rencontrer, dans la réalité, un obstacle insurmontable, de découvrir en moi-même, dans mon propre corps, un obstacle à mon désir d'enfant--- mon désir de femme d'avoir un enfant, désir aussi puissant, aussi désespéré, il est vrai, qu'un désir d'enfant" (81-2). Although Hannah does not immediately recognize it, her creativity in her imagined narratives and critical philosophical reflections on life and history accompany her sterility.

Hannah's entries overturn traditional perceptions of noble, all-knowing medical officials by depicting hypocritical physicians with ineffective methods, questionable ethics and qualifications. In spite of her general mistrust of medicine, she actively, even obsessively, pursues medical guidance throughout the mourning process (of her abortion and sterility); however, the modern medicine and psychology proves powerless to help her. In spite of countless visits to various specialists, Hannah does not perceive any improvement following treatment. Her diary entries cast doubt on the effectiveness of modern medicine as they document endless visits to physicians, gynecologists, neurologists and psychiatrists who pathologize her various behaviors, but fail to "cure" them. As a result of this general ineffectiveness, Hannah remains consistently critical of the medical expertise and innovations.

Doctor Lebrun, for instance, initially diagnoses her pregnancy, treats her well, even expressing concern for her well-being in addition to the fetus's: "En attendant, il a

insisté pour que je me nourrisse correctement. Pas tant pour le bébé, a-t-il précisé, que pour moi. Le bébé, de toutes façons, prendra ce dont il a besoin” (10). Yet, after learning of the pregnancy, Robert’s ultimate decision to abort, although initially questioned by Doctor Lebrun, is not countered. The doctor, who once was a supportive ally to Hannah and her fetus, actually collaborates with Robert by giving him the abortionist’s address (22). Meanwhile, Hannah’s nameless abortionist appears to be motivated entirely by money: “tout s’est bien passé. Pour le médecin du moins. La mère vivante, l’enfant mort, après tout c’est ce qu’on lui demandait, il a rempli son contrat.[...] L’idée que le meurtre ait un prix me rend le monde odieux” (23). After the abortion, her gynecologist, Doctor Kranz, reveals her sterility and then pursues her romantically (with success) (97). After one month together, he even attempts to persuade her to divorce and marry him, in spite of her sterility: “ Mais je ne peux même pas avoir d’enfant ! ” (132). In a way, he ‘treats’ her, by loving her and reaffirming her femininity and feelings of self-worth. Although his attraction to her reaffirms her sexuality and appears genuine, it is ethically reprehensible and quasi-abusive. His unconventional “treatment” ultimately fails and Hannah is hospitalized in a mental institution after attacking her living daughter, Colette, who unknowingly paints a picture representing two children, apparently one resembling her “Louise” (135). Years later, his qualifications as a gynecologist are again questioned, when he cannot prevent Colette from miscarrying (235). In Hannah’s journal, the medical institution becomes powerless when faced with the female reproductive body and fails to heal her, just as it had when it negligently left her sterile.

Hannah perceives psychiatrists as equally ignorant about the “dark continent” of the female mind. In the mental hospital, treatments consist of sedating and diagnosing her with depression: “Vous étiez très déprimée” (137). Her psychiatrist fails to gain Hannah’s trust and releases her after only a few appointments (139). He prescribes little more than rest and long walks: “A ma sortie de l’hôpital, le médecin m’a prescrit un mois de congé de maladie—il estime que je dois encore rester au calme—et des somnifères qui devraient éviter le retour des insomnies” (149). He labels her sickness “un épisode dépressif aggravé par un terrain émotionnel particulièrement vulnérable” (178). Hannah realizes that psychiatry does not understand her condition, rendering therapies useless: “Bref, il m’a servie une bouillie médicale agrémentée de quelques termes habilement choisis dont la version populaire pourrait se résumer à: Je ne sais pas ce que vous avez eu, vous non plus, ne vous en faites pas, de toutes façons, il faut faire avec. D’ailleurs, vous m’avez l’air en bonne voie” (178). When Hannah later seeks help for insomnia, treatments and medications are equally ineffective (221). Her continued complaints are countered with incredulous accusations of hypochondria: “Regardez! Vous voyez bien que c’est impossible! J’ai écrit une étude entière sur la question!... J’ai publié tous mes résultats depuis cinq ans!” (222). Medical studies and scientific proof, with all of its perceived power, fail to “cure” Hannah (223).³³²

Hannah’s final “talking cure” for her insomnia is only temporarily effective and prompts the premature end of her journal.³³³ Her doctor simply asks her to speak about

³³² Ironically, Hannah even finds work at a pharmacy, surrounded by the drugs that never help her (211).

³³³ Bracher, M. The Writing Cure: Psychoanalysis, Composition and the Aims of Education. Carbondale: Southern Illinois University Press, 1999.

Breuer, J., & Freud, S. (1895). Studies on hysteria. New York: Basic Books, 2000.

why she cannot sleep and then attentively listens to the response when she exposes her secret dream life and traumas. Miraculously, the simple act of verbally articulating her pain and memories appear to cure her. Hannah claims to sleep without dreaming of Louise and decides to terminate her writing in 1962:

Cette histoire aujourd'hui s'achève.
Je ne pense pas reprendre jamais ces carnets. Ils étaient, dans la réalité, l'inscription de Louise, de cette aventure intérieure que d'autres mots, dits ceux-là, prononcés, échappés à jamais, ont répandue dans l'atmosphère. Ils étaient aussi le prix payé pour le crime, ce crime qu'avec Robert j'ai partagé, mais dont je suis sans doute la seule responsable.
Depuis sept mois j'ai retrouvé un sommeil normal et n'ai plus rêvé de Louise (247).

The reader is left with a fictional postface by Hannah's husband, Robert—a 'rational' male voice that counters Hannah's. In 1991, ten years after Hannah's death, he summarizes the remainder of her existence and the story behind the work's publication, explaining that she had given it to him to read while on her deathbed. This hurried ending that seemingly solves Hannah's problems with a simple "talking cure" and concludes with a final (and sole) intervention of an all-knowing, 'rational' male voice obviously troubled some readers, including Wendy Greenberg, in her review of the book.³³⁴ A *male* doctor finally "fixes" Hannah's broken mind so that she can live out her life 'peacefully.'

As Greenberg states:

This blind faith in the talking cure is typically French. Paris is a city with the highest number of psychiatrists in the world, and the French fascination with Freud is certainly well-documented. Personally, I found Hannah's miraculous recovery to be dangerous fuel for the myth that all a person has to do to feel good is to vent feelings and share the pain. Moreover, when Hannah abandons the diary, which becomes superfluous after the cure, she strikes a blow against women's self-reliance and champions the same male medical establishment

³³⁴ Greenberg, Wendy N. "Journal d'Hannah by Louise L. Lambrichs." *The French Review*. 68.4 (March 1995): 748-749.

which Lambrichs rightly represents as a hostile force at the beginning of the book (749).

Yet, Greenberg's reading overlooks a key element of the ending: Hannah is not 'cured' or healthy at the end of her life. Instead, Hannah dies in 1981 of an unspecified cancer ("uncancer") that she was diagnosed with just four years after her journal entries end. Shortly after ending her journal, Hannah's body destroys itself from within, as though her emotions and anxieties simply adopt a different, more covert and destructive form. This interpretation also elucidates a strong message about the importance of writing history and memory that Hannah communicates throughout her journal. Simultaneously, Hannah's means of coping with her abortion and physical sterility serve on another level to accentuate the ways that France as a nation copes with its own painful past.

Remembering, France, and the barren body

Lambrichs capitalizes on the story of the barren body to accentuate parallel experiences with wartime and postwar France and broach discussion on how France remembers. Just as Hannah's entries record her personal history, recovery, and memories of abortion and sterility, they accentuate postwar France's similar efforts to come to terms with its own past. Hannah intercalates entries on her personal attempts to move on and relate to her experiences with observations on how France moves forward and approaches its recent national history. The proximity of these discussions within her journal highlights to the reader the many parallels between Hannah and France's recovery following the war. France, like Hannah, struggles to find effective ways to mourn, memorialize its losses, accept responsibility for its actions, and deal with the guilt and

aftermath of World War II. They both attempt to reproduce and repopulate following the war, although Hannah is ultimately unsuccessful.

Jamais comme cette année je n'ai vu dans les rues autant de femmes enceintes, autant d'enfants dans des landaus. Je croyais que c'était encore mon obsession qui me jouait des tours mais les journaux s'y mettent, la TSF, les chansonniers du dimanche, tout le monde ne parle que "baby-boom". La France renaît, fait des enfants, oublie la guerre.

Moi je ne peux pas. Ni faire des enfants. Ni oublier la guerre. Peut-être, en effet, cela va-t-il de pair (107).

Hannah's organs, like the inner workings of the French government and society following the war, are scarred and bear the unpleasant memory of wartime violence and of the regrettable decision to collaborate, instead of resist—a fact that she repeats throughout the journal: "Les véritables gagnants de cette guerre sont l'Amérique et l'Angleterre. Elles seules ont évité la collaboration avec les nazis. Tous les autres pays ont été touchés, contaminés. La France la première, il ne faut jamais l'oublier, et se garder des fausses légendes, qui font le lit des vrais crimes" (200). Hannah's pained efforts to accept her abortion and sterility parallel postwar France's efforts to recover from its shameful collaboration with the enemy.

Hannah's reflections, which become more philosophical and critical following the abortion, openly ponder on the way that history is made and remembered: "J'y ai découvert sur l'âme humaine des horizons que personne aujourd'hui ne devrait ignorer, qui m'ont conduite à cette idée : que l'histoire que nous apprenons à l'école est à l'humanité ce que le roman familial est au névrosé : une justification de ses folies, de ses déviances, de ses aberrations" (62). As Hannah aims to better understand her experience, she frequently remarks how her memories and relationship to the events change as she

writes. She directly confronts how national history assigns blame and justifies its actions, which she gradually realizes applies to her personal history as well :

Il est facile de désigner l'ennemi hors de ses frontières. Il est facile d'accuser les autres, les étrangers, de son propre malheur. Mais s'apercevoir que le mal est chez soi, chez ceux qui vivent sur le même sol, parlent la même langue, sont issus du même sang, regarder en face ce mal-là, en soi-même, et le dénoncer, c'est cela le plus difficile (37).

Throughout the journal, the reader cannot help but question Hannah's version of events, which shift and are rewritten in her entries over the years. Hannah's story of the abortion, for instance, initially fixes blame solely on Robert and the doctor: "Pourquoi s'est-il [le docteur] montré si complaisant à l'égard de Robert ? Je ne peux me défaire de l'idée que sans lui, sans sa complicité lâche et coupable, je porterais encore mon enfant " (29). Yet, as the years pass, she begins to assume some accountability for her actions : "Je me disais aussi que la mort de Louise, ce meurtre que nous partagions mais dont il portait plus que moi la responsabilité, avait définitivement ôté à notre lien son innocence première, sa légèreté et qu'il avait besoin de retrouver, ailleurs, fût-ce l'illusion de cette innocence " (57, 88, 100). Hannah also gradually acknowledges responsibility for her own sterility : "Peine, chagrin redoublés, encore du fait que cet obstacle, c'était moi, c'étaient nous, Robert et moi, qui l'avions créé, le docteur Kranz en effet ne doutait pas que cette stérilité fût due à l'avortement tardif que *nous* avions fait pratiquer, en 1943" (82, my italics). Years later, when recounting the story to Colette, she again revises the abortion narrative in part, to fully exculpate Robert and provide a noble justification for the abortion (dedication to the Resistance movement), while appearing united with him in Colette's eyes:

Ton père avait raison, nous étions dans une situation trop difficile. Et puis, si j'avais vraiment voulu cet enfant, ne l'aurais-je pas eu ? Ton père ne m'a pas traînée chez le médecin par la peau du cou, tu sais...

En lui répondant comme je l'ai fait, d'une façon à laquelle aujourd'hui je souscris sans réserve, je me suis aperçue que pour moi aussi, l'histoire avait changé, s'était reconstruite. Comment sans cela, aimant Robert comme je l'ai toujours aimé, serais-je parvenue à survivre ? (220).

Hannah acknowledges that she too rewrites history, creating a more palatable story of her pregnancy for future generations, instead of confronting an unpleasant reality. Even though her family participated in the Resistance, they choose to selectively omit darker events from their family history : “Mais en marge de cette histoire [de la Résistance] qui alimentera la légende familiale et que nous transmettrons, le soir au coin du feu, à nos petits-enfants, il y en a d'autres, cachées, travesties, tues, des histoires dont on ne peut parler, que nous ne partageons pas et qui nous séparent ” (57). Hannah's journal seeks to preserve these hidden, personal histories, so that they will not be forgotten after her death.

Hannah directly questions the “devoir de mémoire,” and reflects on the challenge of remembering the past without being burdened or haunted by it at a personal and societal level. Her writing seeks in many ways to prevent her progeny from forgetting the loss of loved ones (due to deportation or abortion). Part of her psychological recovery from the abortion trauma is due to writing, in the same way that many French writers attempt to move forward with discussions of the atrocities of the war. Through writing, Hannah can also remember her losses and mistakes without being haunted by them, even though this balance is difficult to achieve:

Comment faire pour ne pas oublier sans vivre hanté par le souvenir ? C'est vers *ce juste milieu* que désespérément je tends, sans y parvenir encore. Parce que c'est vers ce juste milieu qu'il faut tendre.

Parce que l'oubli est le terreau de la répétition, et la hantise un souvenir de mauvaise qualité, car trop douloureux pour ne pas inciter à l'oubli (201, my italics).

She acknowledges that certain elements of the past must be forgotten in order to heal, but ominously predicts that France's future generations will forget its past:

Le plus triste est que cette ignoble guerre, dont nous continuons chaque jour de découvrir l'insondable horreur, ne nous servira même pas de leçon. Une ou deux générations, peut-être, vivront sur "plus jamais ça" entretenu par des souvenirs de l'intolérable. Mais au-delà, qu'est-ce qui nous protégera contre l'oubli et l'aveugle retour du même ? (63)

In her penultimate entry, Hannah recognizes France's early efforts like Alain Resnais' famous (partially censored) documentary, "Nuit et Brouillard" (1955), to remember even the most difficult atrocities of the war. Yet, Hannah's "talking cure", speaking candidly about her losses, only proves partially successful as the postface highlights. Hannah prematurely believes herself completely "cured," and stops writing and remembering which destroys her body from within. When one considers this ending in relation to how France remembers the war, Lambrichs appears critical of the 'simple' cure-alls of temporarily writing about the past, openly discussing it, and prematurely "moving on." With this ending, Lambrichs' work warns that such a "quick" healing and a superficial treatment to a systemic problem will not be enough. Healing from these wounds is a slow and continuous process. Writings capturing both personal and national histories must continue so that future generations do not risk repeating the mistakes of the past.

Combien de familles françaises restent hantées, comme je le suis, par la peur d'un retour de la passion meurtrière ? L'antisémitisme en France est une maladie endémique, sujette à rechutes. [...] Si cela arrive, je veux que Colette se souvienne. La France a perdu la guerre. Parce que la vraie guerre se situe sur son territoire et qu'aucune victoire, jamais, aucun traité, aucune signature ne la lavera d'un passé dont seule la mémoire entretenue peut prévenir l'aveugle retour (200).

Thus, Lambrichs uses the fictional diary/dream journal to communicate the complexities of the lived experiences of the abortion and sterility, while rejecting the lack of procreation as an end to creativity. Journal d'Hannah also serves as a very fertile space to question the reliability of the medical establishment and reflect on how France remembers the atrocities of World War II. Lambrichs continues to explore lived experiences of the sterile female reproductive body in her fifth publication, A ton image (1995), a dramatically different narrative that imagines the implications of an infertile woman giving birth to her own clone and its impact on her identity, family, and society. More recently, in 2001, she published a short text accompanying the photography of Sarah Ney, Naître... et naître encore, reflecting her ever-growing interest in writing reproductive experiences. This text provides a voice to the photos of pregnant nudes, birthing mothers, doctors, and families. The photographs create the text as much as the text contributes to the understanding of the images. A distinct female voice dominates the narrative, even as the images display several different women, as she talks to her fetus and discusses her dreams and experiences. The female narrator expresses the complicated relationship she feels to the medical community and biomedical technology throughout her pregnancy. By the delivery, a third-person narrator briefly intervenes expressing the father's joy as well and discussing the formation of the family.

Other writings on sterility

Sterility and menopause in French fiction is gradually claiming a more prominent place as authors are beginning to experiment with ways to express the physical, unique

lived experience, like Eliette Abécassis' La Répudiée (2000). In this novel, Abécassis recounts a young orthodox Jewish woman's dilemma when she discovers an inability to get pregnant, a sterility which results in exclusion from her community and the dissolution of her marriage. In a horrific irony, after clandestinely consulting a medical doctor, the narrator discovers that her husband is the source of the infertility. She is condemned to silently live her life alone, even though she is not sterile.

Other writers, like Noëlle Châtelet, have been inspired to explore menopause as a life transition. Châtelet confronts and reflects on women's physical metamorphoses and life changes in La Dame en bleu (1996), the first installment of a colorful trilogy.³³⁵ Although the protagonist's perception of her body is vividly communicated to the reader, she is described in the third person, so her perceptions are filtered through an omniscient narrator. The narrative immediately anchors its 52-year-old protagonist, Solange, in a peri-menopausal state, depicting her confrontation with its physical transformations. Pedestrian traffic symbolically embodies the initial slowing of her biological rhythms:

³³⁵ Châtelet, Noëlle. "Les âges de la vie: la gamme des voluptés de 6 à 70 ans." *Psychologies.com*. July 1999. Web. 30 January 2008.

"A travers la nourriture, la sexualité, la vieillesse, le deuil, j'aborde des moments de vie où le corps est soumis à des métamorphoses, sachant qu'elles n'ont pas d'effets uniquement sur cette apparence mais aussi sur l'être qui est derrière."

Châtelet, Noëlle. La dame en bleu. Paris : Editions Stock, 1996.

Châtelet, Noëlle. La femme coquelicot. Paris : Editions Stock, 1997.

Châtelet, Noëlle. La petite aux tournesols. Paris : Editions Stock, 1999.

Noëlle Châtelet is frequently cited as an actress, Lionel Jospin's sister and the widow of renowned philosopher François Châtelet. However, she has been successfully publishing prize-winning works since the late 80s.

La dame en bleu and La femme coquelicot are on Editions Stock's list of most translated works:

"Germany/Kiepenheuer & Witsch; Greece/Fytrakis; Korea/Samtoh; Lithuania/Vaga; The Netherlands/De Geus; Peru/Universit  Ricardo Palma; Russia/Slovo; Spain/Alba (Spanish world rights); Slovenia/Didakta."

<<http://www.editions-stock.fr/media/docs/MOST%20TRANSLATED%20AUTHORS%2013-07-2007.pdf>>

Solange est dans la rue. Elle se laisse porter par le courant, le flot continu des gens. Rien ne la presse, rien ne l'oblige à soutenir le rythme mais elle le soutient. C'est ainsi. C'est ainsi depuis toujours.

Devant, sur le boulevard, le flot s'est ralenti. Quelque chose empêche son écoulement. On piétine. L'ordre naturel, la cadence sont menacés. Personne n'aime cela, à cette heure, un changement de parcours, ou de rythme, à cause de quelque chose qui bloque, qui empêche" (7).

Solange realizes that an old woman in a blue dress walking slowly and blocking traffic causes this "changement de rythme." Impressed by the older woman's ability to set her own pace, independent of the youth racing past her, Solange decides to follow suit: "Une impulsion la pousse soudain à régler ses pas sur ceux de la vieille dame imperturbable qui va à son côté, une jambe après l'autre" (8). The symbolic slowing of her rhythms, or periods (*les règles*), is paralleled linguistically with the adjustment of her pace (*régler ses pas*). In a magical moment, the two women lock eyes and mysteriously "acquiesce," leaving Solange with a slower gait and a different outlook on life (10): "Elle marche du même pas, un pas dont la cadence a pénétré son âme, celui d'une dame en bleu" (15).

After this encounter, Solange's every-day lifestyle slows as she envisions her future impacted by superficial physical changes to her exterior. Her favorite youthful red wardrobe, for example, no longer pleases her (13). Instead, she opts to dress more conservatively in "un tailleur gris perle très à propos dont le plissé, bien qu'un peu démodé" (14). Solange transforms herself into a caricature of an older woman.

Ensuite, Solange s'évertue à dompter sa chevelure magnifique. Elle la roule, la comprime sur sa nuque en un chignon bas, l'emprisonne avec des épingles. Enfin, désappointée par sa garde-robe, elle se rabat de nouveau sur le tailleur gris qu'elle porte maintenant depuis quelques jours avec un chemisier blanc ou noir, avec des souliers plats (27).

She meticulously adheres to the lifestyle of an old woman, sitting on a bench, mimicking an older woman's movements, visiting a retirement community, ending an affair with a lover, and renouncing her sexuality altogether.

Solange's acceptance of menopause and her maturing self may be viewed as a mildly transgressive perspective of the aging female reproductive body. Châtelet reframes this transitioning body positively, reinterpreting the signs of menopause and old age, allowing her protagonist to look forward to these bodily changes instead of dreading or fighting them: "Même si d'autres cheveux blancs l'ont rejoint, non seulement sur les tempes mais aussi dans le jais de la chevelure privée désormais des retouches de teinture, c'est quand même ce cheveu-là qui fait pour elle l'objet d'une tendresse particulière" (53). Solange discovers that this stage of her life will not represent an ending, rather a beginning of a new stage, which can be pleasant and different. This positive outlook on menopause opposes an abundance of negative discourse concerning this time of physical change, as Châtelet remarked in the online article "Les âges de la vie: la gamme des voluptés de 6 à 70 ans":

Elle prend son temps, ne se contraint plus en rien, se laisse vivre et laisse vivre son corps. Elle a, enfin, cessé de le violenter, de l'obliger à dire ce qu'il ne voulait pas dire. Elle passe de manière presque initiatique du paraître à l'être et entre dans la vraie liberté. Fin de l'hédonisme dirigé. Nouveau plaisir du corps accepté tel qu'il est. Libération vécue avec volupté.³³⁶

By the end of the novel, Solange regains her more youthful perspective without concerns for her body and life's future. She realizes that the changes associated with menopause

³³⁶ Châtelet, Noëlle. "Les âges de la vie: la gamme des voluptés de 6 à 70 ans." *Psychologies.com*. July 1999. Web. 30 January 2008.

are superficial and that society's perception of her body will not ultimately impact her identity as a woman.

Yet, unintentionally, perhaps, this work reinforces stereotypical perceptions of older women and conflates menopause with old age. In addition to her superficial changes, she changes her lifestyle and stops seeing her boyfriend. Instead of working against the truism that menopause marks the end of life and beginning of old age and celibacy, Solange's perception of menopause appears to confirm this belief and reflects a time to entirely renounce her sexuality and desires. Solange perceives menopause as a time to exist quietly on a bench, knitting, and simply fade into the background. She does not become creative or productive in other ways, nor exhibit any passions. Readers of this novel responded to this problematic tension, as Châtelet herself observed :

Après sa publication, j'ai reçu de nombreuses lettres d'hommes et de femmes disant : "Comme j'ai envie d'être la dame en bleu qui sommeille en moi." Mais très souvent, elles se terminaient par un post-scriptum : "Mais alors, le désir, c'est fini ?" Il est vrai que je traitais le désir d'amour et la sexualité un peu en vrac, comme faisant partie des obligations de la femme soldat du paraître et du jeu social.

Châtelet claims to have written the next installment in the trilogy, La femme coquelicot in response to these reactions. This work refines her distinction between midlife and old age and rethinks her perception of aging desire. La femme coquelicot (1997) reflects on Marthe, a 70-year-old woman's revival of her desires and passions, after an encounter in the street with a woman dressed in red, Solange, the same 52-year-old protagonist of La Dame en bleu, who is equally impacted by the experience. La petite aux tournesols (1999) recounts Marthe's 6-year-old granddaughter's first encounter with love and sensuality. Each installment of Châtelet's trilogy captures an ephemeral encounter that

leads to unexpected explorations of sensuality, bodily transformation, and self-discovery at different stages of a woman's reproductive life. Although Châtelet's first work is certainly problematic with respect to her message about aging, it nevertheless puts into writing perceptions of menopause and attempts to reframe the experience positively. In addition, such works of fiction that centrally focus on menopause, although rare, provide insight into how women, society, and medicine view the female reproductive body when it no longer can reproduce.

Although relatively rare in fiction, French women have been writing autobiographical accounts of sterility with greater frequency over the past two decades. In 1985, Dominique Grange wrote *L'enfant derrière la vitre*, an early example of a *témoignage* on tubal sterility and unsuccessful fertility treatments, followed by adoption.³³⁷ Recently, works like Catherine Borella's *Le rire de Sarah* (2007) have become available to French readers, providing reflections on these silent experiences.³³⁸ Borella's autobiographical story charts her infertility and unsuccessful attempts at medically assisted procreation: "Je suis la voix de la stérilité ; je change la chanson de celles qui n'enfantent pas et qui pleurent de leur ventre vide, ignorantes de leur plénitude—et voilà leur douleur, et voilà leur beauté" (7). Well-known celebrities like Laurence Boccolini, in *Puisque les cigognes ont perdu mon adresse...* (2008), have also chosen to chronicle their personal struggles with infertility and body image: "Une terre empoisonnée où rien ne pousse, craquelée et rongée par le sel" (19).³³⁹

³³⁷ Grange, Dominique. *L'enfant derrière la vitre*. Paris: Encre, 1985.

³³⁸ Borella, Catherine. *Le rire de Sarah. Une femme face à la stérilité*. Paris: L'harmattan, 2007.

³³⁹ Boccolini, Laurence. *Puisque les cigognes ont perdu mon adresse...*. Paris: Plon, 2008.

Similarly, actress/writer Macha Méril published Un jour, je suis morte (2008) testifies to her status as a sterile woman in society following a botched abortion in her youth.³⁴⁰ Within the first-person autobiographical account, she emphasizes the lived experience of pregnancy and expresses not simply wanting a child, but yearning to create and protect a life within her body: “Je troquerais tout mon bonheur à monter sur les planches, à me mettre au service de grands auteurs, à les aimer, à les faire aimer, contre la joie de voir mon ventre se gonfler, se déformer, abriter une vie” (89). In spite of numerous in vitro fertilization attempts, she only experiences a traumatic miscarriage which results in the perception of abandonment and failure by her body and science: “J’étais candidate à la vie et je n’ai pas été élue. A cause de ces foutues trompes obturées, à la suite d’une intervention mal faite. Crever pour ça, vous comprendrez que je l’aie mauvaise. La science m’a lâchée. Si la fécondation in vitro avait existé dix ans plus tôt, j’aurais été sauvée ” (100). Due to the impossibility of bearing life, she feels dead and excluded from the maternal experience: “je ne peux prétendre à rien, je ne peux rien offrir, puisque je suis morte, stérile, hors de la vie ” (13). She finds solace in the ability to write, knowing that she is not the only survivor : “Je m’étonne que personne ne dise ce que je dis. Les femmes sont-elles si muettes quand elles sont dans le ghetto des infertiles ? Je m’étonne, mais je les comprends. Elles sont de l’autre côté, là-bas, glacées, elles n’intéressent personne. Leur malheur n’a pas de consistance, pas d’écho. Elles n’ont qu’à se taire” (68).

Madeleine Chapsal’s La femme sans (2001) consists of a long reflection on the practical, legal, philosophical, social, cultural, and literary implications of her ‘choice’ to

³⁴⁰ Méril, Macha. Un jour, je suis morte. Paris: Albin Michel, 2008.

be a “femme stérile” and never have children.³⁴¹ “Imaginer mon corps abritant ce que je nommais dans mes écrits intimes un “parasite”, me répugnait” (31). The work muses over the marginalized status of the woman without children in France : “Or, dans cette société comme dans toutes les autres, la femme stérile est un être à part ” (44). Yet, the degree of “choice” involved remains questionable, for Chapsal confronts the medical establishment’s inability to impregnate her body due to complications from tuberculosis : “Une femme sans enfant, à leurs yeux, était moins qu’une femme : la preuve vivante de leur échec ! Ils n’avaient pas su la “guérir ” de ce lamentable état et la rendre mère ” (53). Still, Chapsal saturates her book with lists of successful sterile/childless by choice, intellectual women as though to prove the creative power of women without reproduction. She also lists dozens of her own books, as if to justify her own creative powers.

Thus, several high profile women are beginning to write about their sterility and struggles with reproduction, seeking to break the silence on this taboo subject. With the ever increasing average age of first-time mothers (now approaching 29.8 years) and one out of five French women become sterile by the age of 35, it would not be surprising to see more writers create fiction on the topic reflecting on the status of the body when it is barren.³⁴²

According to the *Agence de la Biomédecine*, in 2004, 2.3% (17,791 total) of all pregnancies in France were medically assisted using either artificial insemination or in

³⁴¹ Chapsal, Madeleine. *La femme sans*. Paris : Librairie Arthème Fayard, 2001.

³⁴² “A quel âge devient-on stérile ?” *Ined.fr*. Institut National d’Études Démographiques. 18 February 2008. Web. 27 May 2008.

“Nombre de Naissances: âge moyen des mères.” *Insee.fr*. January 2008. Web. 5 March 2008.

vitro fertilization.³⁴³ As new biotechnologies stretch the limits of the female reproductive body, some authors have begun speculating on the long term repercussions of innovations like assisted reproduction and potentially, human cloning. The final chapter will examine ways that writers reimagine the female reproductive body in worlds that no longer rely on traditional reproduction.

³⁴³ La Rochebrochard, Elise de. "In-vitro fertilization in France: 200,000 "test-tube" babies in the last 30 years." Population & Societies. 481. Web. 2008.

CHAPTER FIVE

Conceiving Clones and Artificial Wombs: Reimagining the Female Reproductive Body

Writers like Cyrano de Bergerac and Jules Verne have long envisioned futuristic technologies that no doubt inspired the imagination of budding scientists. Through their fictions, authors and their readers could reflect on the consequences of the technologies of the future or present critiques of contemporary concerns.³⁴⁴ Several French authors including Jean-Louis Dubut de LaForest and Frederic Gilbert in *Le faiseur d'hommes* (1884) imagined worlds capable of changing the ways that humans reproduce, including artificial insemination.³⁴⁵ Yet, now that reproductive science has incredibly rendered extreme scenarios like cloning imminent realities, French ethicists and scientists have begun questioning whether this technology should be developed and applied, due to its potentially disastrous repercussions on society and humanity. Henri Atlan, a biophysicist and philosopher, has published several manifestos like *L'utérus artificiel* (2005) warning his readers of the future of reproductive technology.³⁴⁶

Contemporary French authors have begun weighing in on this controversy, probing the infinite possibilities that reproductive technologies offer. Still, few, if any, of

³⁴⁴ Here I am referring to early works of science fiction like Cyrano de Bergerac's *Voyage à la lune* (1657), Voltaire's "Micromégas" (1752), Louis-Sébastien Mercier's *L'An 2440* (1771), Nicolas-Edmé Restif de la Bretonne's *La découverte australe* (1781), Louis Geoffroy's *Histoire de la Monarchie universelle: Napoléon et la conquête du monde* (1812-1832) (1836), Jules Verne's *Paris au XXe siècle* (1886), or Guy de Maupassant's "L'Homme de Mars" (1887).

³⁴⁵ Other early works of fiction on artificial insemination include *Le faiseur d'hommes* (1884) by Jean-Louis Dubut de Laforest, *Le faiseur d'hommes et sa formule* (1906) by Jules Hoche, and *Le faiseur d'hommes* (1937) by Edmé de Vulpian.

Finn, Michael. "Female Sterilization and Artificial Insemination at the French Fin de Siècle: facts and fictions." *Journal of the History of Sexuality*. 18.1. (2009): 26- 43.

³⁴⁶ Atlan, Henri. *L'Utérus artificiel*. Paris: Seuil, 2005.

these fictions explore cloning from a woman's perspective. Instead of advancing the female's lived experience, these authors privilege the authoritative position of the scientists themselves, as they react to the changes in the way humans are conceived and enter the world. Most often, the cloned female body is viewed from afar, through the eyes of a male protagonist (often a scientist) or the point of view of an omniscient narrator. By privileging the scientist's perspective, authors appear to be implicitly commenting on the voiceless nature of the female reproductive body when faced with these technologies. At the same time, these fictions actively engage the reader in current controversies, while using these opportunities to experiment with their writing.

This chapter investigates how two contemporary French authors reimagine the female reproductive body in a world capable of cloning.³⁴⁷ Louise Lambrichs' A ton image (1998) explores the possibility of autoreproduction through cloning. In this confessional novel, the autodiegetic narrator transfers the embryo of his wife's clone into her uterus, and then must face the catastrophic consequences after she gives birth. This experiment reduces the female reproductive body to an incubator for scientists' professional advancement. Lambrichs' fiction engages the reader in a wide range of contemporary ethical questions that would arise with the introduction of this type of cloning technology. Michel Houellebecq's La Possibilité d'une île (2005) envisions a post-human society where reproduction, like communication, is effectuated solely through artificial wombs and the female body has become an outdated procreative vessel. Two thousand years of research yield a cloned, genetically modified species, neo-

³⁴⁷ Houellebecq, Michel. Particules Élémentaires. Paris: J'ai Lu, 1998.
 Houellebecq, Michel. La Possibilité d'une île. Paris : Fayard, 2005.
 Lambrichs, Louise. A ton image. Paris : Editions de l'Olivier, 1998.

humans, who achieve immortality by reproducing themselves infinitely, transferring individual and collective memories from one generation to the next with digitalized life narratives. Recounted from the perspectives of a human and his clones, this innovative work that blends poetry and prose engages in formal experimentation with the possibilities and challenges of narrative in digital form. Both Houellebecq and Lambrichs' works use cloning as a means to reflect on the future of writing and the female body while posing questions on identity, body, science, and repetition.

Birthing self: Autoreproduction and the Female Reproductive Body in Louise Lambrichs' A ton image (1998)

Non décidément, l'humanité
n'était pas mûre pour une telle
découverte. Et elle ne le serait
probablement jamais (146).

Kathryn Robson observes that Louise Lambrichs' oeuvre consists of "narratives of reproduction, resemblance and repetition, which trace precisely the present's 'perplexing relationship to the past,'" which certainly proved true in Journal d'Hannah (1993).³⁴⁸ One might add that her works centrally feature and scrutinize the female reproductive body and its relationship to society and science. Lambrichs' A ton image (1998) takes the form of a young male gynecologist's life story written in installments from a prison cell for his defense lawyer, as he awaits trial for statutory rape and murder.³⁴⁹ The incarcerated gynecologist, Jean Letertre, recounts his story in detail attempting to explain his crime. He recounts incest with his beautiful, disabled sister,

³⁴⁸ Robson, Kathryn. "Family Histories: Reproduction, Cloning and Incest in Louise Lambrichs." Ed. Bernet and Welch. Affaires de Famille : The Family in Contemporary French Culture and Theory. Paris: Rodopi, 2007. 251.

³⁴⁹ Aruna Villier adapted this novel into a film in 2004.

Elise, before leaving for medical school, only to discover that his father had done the same. He flees to the city in disgust, where he lives as a tenant with a young, bourgeois widow, Françoise Bourgeois. After a few years, they marry and discover that Françoise can no longer conceive. She refuses *in vitro* fertilization for fear that Jean's genetic material might transmit his sister's disorder. This dilemma throws Françoise into a dangerous depression. In order to save his wife, Jean agrees to a colleague's illegal, experimental procedure, which would impregnate his unknowing wife with her own clone. Françoise eventually uncovers this secret and commits suicide, leaving Jean with a younger, nubile version of his wife, his "daughter," France. Ultimately, in a drugged stupor, he has incestuous relations with France, apparently mistaking her for Françoise, only to awaken, recognize his crime, and murder her in a fit of rage.

Jean's narrative circles around his memories of the female body ranging from sexual encounters to physiological observations. Extensive scientific explanations and dense paragraphs of questions dominate the text, forcing deep reflection on the events to be part of the reading experience. Long descriptive passages intensely analyze the female reproductive body from not only a medical perspective, but from a bioethical one. His lawyer's visits are separated from the rest of the narrative in italics and also meticulously recounted from his perspective.

This thriller/crime/confessional novel confronts and deliberately draws attention to a plethora of current bioethical debates surrounding the contemporary female reproductive body beyond cloning ranging from pregnancy during menopause, to lesbian motherhood, mentally-disabled pregnancy/motherhood, stillbirth, and miscarriage. Few

critics have tackled this work with the exception of Kathryn Robson and Victoria Best. In Robson's revealing chapter, "Family Histories: Reproduction, Cloning and Incest in Louise Lambrichs," she examines how *A ton image* (1998) exposes the threat that cloning poses to individuality and family history. Robson traces Jean's dysfunction to his attempt to "break free of the transgressions and secrets that he sees his family as generating and reproducing" (254). Victoria Best approaches the topic in her article "Le Fantôme à venir: Inceste et clonage dans *A ton image* de Louise L. Lambrichs", by considering the figure of the clone as a specter, which she asserts unsettles the rigidity of identity and history. While these readings certainly provide valuable insight into this novel, I analyze perceptions of the female reproductive body and the ways in which its relationship to science, law, society, identity, and family are destabilized by cloning technology. Genetics and biotechnology play a key role in Jean's efforts to exculpate his crimes. Lambrichs' fiction, I argue, navigates the complicated bioethical dimension of human reproductive cloning, directly questioning how a society that is unprepared for cloning and its repercussions will adapt to its inevitable arrival, while urging her readers to reflect upon the ever-increasing role of genetics in society.

Birth of other and repetition

En présence d'un bébé, tout un
chacun s'extasie sur sa
ressemblance avec tel ou tel
membre de la famille et cela ne
surprend personne (164).

The perception that children are miniature versions of their parents is widespread in the Western world. From birth, onlookers enumerate physical and behavioral

resemblances between parent and child. Lambrichs' work questions and experiments with these problematic identifications. In this fictional society, familial relations are already unstable and deteriorating. From Jean's perspective, children are genetically predestined to incarnate the inadequacies of their parents and socially programmed to repeat their mistakes. As a result, only weak, pathetic feminine figures with disturbing reproductive relationships to their offspring remain. In Jean's view, mothers are inherently passive, powerless women no longer in control of their own bodies, families, and destinies. Each woman creates increasingly degenerate offspring that are even weaker repetitions of her mother. Poor genetics excuse the most heinous behavior while society, medicine, and law problematically avoid confronting biotechnological advances at the expense of the female reproductive body and the cloned.

Jean's confessional narrative focuses on his mother's central role in his provincial family's dangerous breakdown in traditional relationships and formation of new, subversive ones, characterized by violence and incest. He implicitly associates these transgressions to poor genetics, passed through his mother's body. His nameless mother is a placating, post-menopausal woman, incapable of defending her children from her husband's incestuous abuse (17). Before his birth, he explains, "elle avait [...] perdu un premier enfant" (12), foreshadowing her inability to protect and preserve her children's roles in the household while upholding traditional familial relationships. Although she overly protects her son, she only once confronts her husband on his incestuous assaults on their nubile daughter and then yields to make room for her in their conjugal bed: "Oui, je dis bien l'oreiller du milieu car dans le lit conjugal [...] il y avait bel et bien trois

oreillers” (24,185). Symbolically including her daughter in their bed restructures the relationships between parents and children, a social transgression that they all learn to accept. Just as his mother neglects to protect her daughter, she fails to defend Jean’s legal rights when he leaves for Paris, replacing him with a farmhand, Robert, who eventually marries Elise and seizes his land and inheritance (186). She initially embraces her role as a grandmother, only to drown herself in alcohol and neglect her grandson resulting in his death. She fades into the background, eventually viciously bludgeoned to death in her own kitchen by her son-in-law, seemingly as punishment for her failure as a mother.

According to Jean’s narrative, his sister, Elise inherits and physically manifests her mother’s passivity and ineptitude, functioning as an exaggerated, degenerate, primitive repetition (or double) of her mother. Often likened to an animal, she escapes description constantly fleeing from sight: “Elle n’était ni fillette ni jeune fille, plutôt un être hybride, animal à visage humain” (16). She replaces her mother’s body in the conjugal bed, while her mother tends to other domestic duties. Because her severe (unidentified) genetic disorder leaves her mute and entirely incapable of speech and communication, she is perceived as a female body without a mind: “elle regardait dans le vide” (16). Like her mother, she yields to her father’s verbal, physical, and sexual abuse. Then, she uninhibitedly acts on primal impulses with other men, including her brother, Jean (22).

Handicapped and hypersexual, Elise has no place in society or even the home, so she retreats to nature. Her first pregnancy is initially experienced far from the grasp of medical surveillance. Unlike his own wife’s delivery (which he does not remember), Jean

witnesses and graphically recounts the primitive, uninhibited delivery in a barn, which follows a sexual encounter with him. The siblings' incestuous relations reinforce the disintegration of family relations. Jean's account highlights the juxtaposition of the two events suggestive of an unnatural, instantaneous conception and gestation (189).

Je suivais maintenant sur son visage les derniers progrès du travail. Le sang aux joues, les yeux injectés, elle attendait la bouche entrouverte, reprenant son souffle dans un demi-sourire extatique, puis quand venait une contraction elle serrait les lèvres, fermait les yeux et rassemblait ses forces dans une poussée longue et puissante qui se terminait par une expiration brutale accompagnée d'une sorte de mugissement sourd, qui semblait la soulager (193).

Having no knowledge of medicine or proper delivery technique, she succeeds in birthing her child alone relying on instinct, which contrasts with Françoise's sterile, monitored hospital birth (190-5). While the baby boy, Gyère, survives, the female twin fetus ("une minuscule petite fille"), delivered with the later 'help' of a midwife, is stillborn and thrown to the pigs (194-5).³⁵⁰ The females in the family line appear so degenerate that they cannot survive. Elise's subsequent pregnancy results in a stillbirth, as though no more viable offspring are possible :

On t'a pas dit mais elle a encore été enceinte, et celui-là, il est mort dans son ventre. On le savait pas mais comme elle était mal, on l'a emmenée à l'hôpital et là, ils lui ont enlevé. Depuis, la pauvre petite, elle veut plus rien manger. On dirait qu'elle se laisse mourir (245).

Although this unsuccessful pregnancy dramatically impacts Elise, she survives and succeeds in raising her child, in spite of her handicap. Still, her surviving son, Gyère, does not live past the age of four, when he and his mother drown in a marsh. Thus, Jean's family, with its weak genetics, degenerates and self-destructs with its increasingly

³⁵⁰ Gyère ("J.R.") was the name chosen by Robert and reluctantly spelled out phonetically by Jean allowing the naming process to be between males. "J.R.", of course, pays homage to the ill-fated character (shot and killed by a woman) in the American soap opera, "Dallas" (195).

subversive relationships, just as his less traditional family with Françoise eventually disintegrates. According to Jean, this familial degeneration explains his need to overcome poor genetics with a more perfect means of reproduction.

Birthing self

Verrait-on dans l'avenir des
filles et des fils élever des
clones de leurs pères et de leurs
mères ? des maîtresses élever
des clones de leurs amants ?
J'imaginai dans un futur plus ou
moins proche les amants
échanger, non plus des
médallions contenant de
poétiques mèches de cheveux,
mais des plaques recelant
quelques cellules indéfiniment
reproductibles (146).

Within his confession, Jean equally identifies the waning fertility of the aging female reproductive body as a justification for his actions. When he marries Françoise, she is still mourning the loss of her children and their father in a car accident, leaving her feeling unsuccessful at protecting her offspring. By the time she considers starting another family with Jean, she is thirty-seven years old and peri-menopausal (44). Jean carefully tracks and records her pre-menopausal symptoms, attributing them to their difficulty conceiving.

Les résultats de ce bilan, contrairement à ce que je subodorais, établirent qu'elle se trouvait en phase de préménopause, ce qui expliquait sans difficulté sa moindre fécondité. Françoise en fait, par crainte sans doute de donner à son état une réalité qu'elle appréhendait, ne m'avait pas tout dit : depuis quelques mois déjà elle souffrait de symptômes discrets, bouffées de chaleur, angoisses inhabituelles, irrégularité du cycle, qui annonçaient une ménopause précoce (93).

Following this medical screening, Jean begins perceiving her body as aging and deteriorating, almost disappearing with this loss of natural fertility. Her sterility physically ages her and begins to wear on her psychologically.

Quand je lui parlais, elle m'écoutait à peine, et elle ne mangeait plus et maigrissait à la vue d'œil, son visage se creusait. Alors, oui, Françoise se mit vraiment à vieillir. Et de voir sous mes yeux sa beauté se flétrir, son éclat disparaître sans qu'aucune protestation d'amour, aucune tentative de réassurance de ma part ne parvienne à le ressusciter, déclencha chez moi un mouvement de révolte comme je n'en avais jamais connu... (94).

Discussion of reproductive assistance, such as *in vitro* fertilization or artificial insemination disgusts her : “ elle ne se prêterait jamais à cette mascarade grotesque ” (94). Françoise articulates many social anxieties about medically-assisted procreation from the perspective of the female body. Instead of simply admiring the science behind it, she perceives artificial insemination, for example, as “l’adultère biologique” (95). Indeed, this procedure would involve having a child with another person’s genetic material, just like adultery. Donated sperm, which is often used for many inseminations, could also result in unintentional incest later in life because children do not know their true origins : “Tu me vois, moi, portant un embryon sortant du frigo? [...] Et puis, ces enfants-là, ils ont des frères et sœurs, les gens qui laissent des embryons comme ça, ils ont eu d’autres enfants [...] Tu imagines qu’il rencontre en classe un gosse qui lui ressemble?” (95). If Jean’s sperm fertilize another woman’s egg, she worries about Elise’s genetically transmitted disease evading detection and afflicting the child. Françoise voices many valid concerns that contrast with Jean’s own awe over the power behind the procedures.

From Jean’s medical perspective, Françoise’s peri-menopausal state and deteriorating psyche make her the ‘perfect’ candidate for unspecified experimental

procedures.³⁵¹ Jean proposes to Françoise the possibility of having a genetically “related” child with a vague experimental technique withholding information, guarding crucial details, and thus excluding her from the ethical decision-making process entirely. Thus, her body unknowingly participates in the experiment and her genetic material circulates beyond her control.³⁵² Françoise’s role is limited to serving as a Petri dish and incubator during the gestation of the fetus and she undergoes intense medical surveillance before and after the birth (148). Her interaction with the medical community represents a hyperbolic version of contemporary reproductive experiences with medical doctors: “Il est scientifiquement — je dis bien scientifiquement— indispensable de la surveiller très étroitement” (152).

In comparison to Jean’s vivid narrative of his sister’s pregnancy, he minimally describes Françoise’s physical changes during her menopausal body’s pregnancy. Instead, Jean focuses on her face and psychological state as though her body (pregnant with a clone) is inconceivable and beyond description: “Elle dormait mal, faisait des cauchemars, et son visage de jour en jour se creusait” (141). Through his eyes, her role in the pregnancy seems minimal and irrelevant—the true miracle originates from the biotechnology that enables this autoreproduction. Jean aims to preserve a calm, relaxed state to maximize her incubating capacity:

puisque nous avons décidé de faire un enfant, il me paraissait indispensable, en effet, qu’elle conserve sa sérénité. Il était donc de mon devoir de lui éviter tout tracasserie inutile et, d’une façon générale, de tout faire pour maintenir autour d’elle l’atmosphère la plus harmonieuse possible (64).

³⁵¹ Because cloning is illegal, a laboratory cannot officially recruit test subjects.

³⁵² Jean later remarks that embryos that could have been Françoise’s clones were stolen from the laboratory by a disgruntled scientist.

He meticulously controls the variables that could physically affect her and focuses on how this biotechnology “fixes” her reproductive body, saves her from depression, and temporarily rescues their relationship:

Même si Françoise ne s’est jamais complètement remise de sa grossesse— elle en a gardé des cernes marqués, le visage creusé, et une sorte d’indolence qui l’incline à la rêverie--, elle a retrouvé le goût de vivre et de faire plaisir (226).

Her sterility is simply an “obstacle technique” to be overcome with biotechnology (131). This cure justifies the bioethical dilemma that her experimental pregnancy (without consent) presents, echoing the arguments of many proponents of cloning research. Saving a woman from her sterility and the misery that accompanies this state, justifies the means.

Through descriptions of Françoise, Jean highlights the potential psychological repercussions of autoreproduction. With the birth of France, Françoise realizes that she does not control her own genetic material and her relationship to her child is problematized. On a superficial level, her relationship could be characterized as incestuous because she is birthing her own father’s child, or her own twin (156, 165). The idea that one could be replaced, literally, with a younger, genetically identical version on oneself, destabilizes her sense of identity. Instead of preserving their family, Jean breaks her trust and destroys it. With science, Jean has repeated his father’s sin and replaced his wife with a younger version. When Françoise discovers Jean’s deception, she does not respond with words, instead, she commits suicide in a mental hospital, escaping the medical world’s surveillance and taking control of her own life: “C’était l’hôpital. On ne savait pas ce qui était arrivé. Elle était pourtant sous surveillance. C’était incompréhensible. [...] Françoise en pleine nuit avait réussi à forcer sa fenêtre et à se

jeter dans la cour. Elle s'était tuée net" (343). While he is able to control her body during pregnancy, he cannot take away her free will.

Men making babies ?

Toute l'histoire nous enseigne
que lorsqu'une technique existe,
on l'applique (123).

Jean's narrative depicts France's conception as the product of three male doctors' manipulation of genetic material, in a sense enacting a male reproduction and redefining the female reproductive body's role in procreation. Even though Jean is a gynecologist obsessed with procreation, he never actually naturally reproduces himself: "Aujourd'hui encore, j'éprouve une admiration sans bornes pour ces hommes qui surent appliquer leur intuition, leur imagination et leur créativité, toutes ces qualités que généralement l'on croit à tort réservés aux artistes, à l'exploration du monde réel" (66). All of his sexual encounters with women are sterile (Elise, Françoise, France, prostitute). Only through interaction with men of science does he succeed to reproduce.

Jean, Letertre, Cardoze, and Biron each play a significant role in the conception of the child, their "projet d'enfant" (131). These doctors are seduced by the idea of creating the miracle of life, independent of the female.³⁵³ The creation of "France" through

³⁵³ Cardoze and Biron have already perfected their technique on unknowing female subjects, who are unaware of the risks involved: "Le protocole qu'il avait mis en place pour passer inaperçu m'avait paru à la fois habile et diabolique (140). With his first successful implantation, Cardoze terminated the pregnancy, unbeknownst to the woman, in order to avoid detection—literally using the woman as a Petri dish. These men alone possess the knowledge of how she was conceived: "la fécondation s'était effectuée dans une autre unité et tout s'était déroulé comme prévu— trop facilement, presque, puisque nous n'avions même pas eu besoin de nous y reprendre deux fois" (141).

biotechnology is a reproductive experience of man's making.³⁵⁴ Jean perceives this team as creating a "new" family structure among themselves, working together on "notre projet" (124), and acting "paternellement" (120). Even with this technology, the scientists still require the participation of the female body during gestation and delivery. Jean openly envies the physical nature of the female birthing experience when describing his sister's birth:

Oui, j'étais jaloux. Jaloux de son plaisir, jaloux de sa douleur, même, jaloux de cette tempête charnelle que je ne connaîtrais jamais et dont je percevais, à travers son soufflé qui me balayait le visage, et, surtout, par la pression de ses mains et la chaleur qui émanait de son corps brûlant, les secousses formidables (193).

During France's birth, Jean does not recall Françoise's experience of the delivery at all, instead he simply recounts his conversations with doctors. The other doctors even participate in naming the child together, initially wishing to name her Cécile Louise Olga Noémi Eléonore (C.L.O.N.E) (154). When Jean selects France, Cardoze approves this name which glorifies the role of science in her creation : "que le premier clone humain s'appelle France devait à ses yeux marquer de façon symbolique, en glorifiant le dynamisme de la science française, l'histoire des avancées de la médecine mondiale" (152).³⁵⁵

Through this male form of reproduction, Jean views cloning technology as a means of achieving a degree of immortality (146).

J'avais osé par amour, pour préserver ma relation avec la femme de ma vie, transgresser les lois de notre espèce, et cette transgression comme il se doit fut à

³⁵⁴ The clone's name, France, is obviously symbolic and could be interpreted as a critique of biotechnology in the country. An ever-increasing number of babies are born each year in France from IVF. With cloning, biotechnology could engineer its population.

³⁵⁵ The ethics of cloning is put into question, when it is likened to a racist goal of preserving the French race, in this case, through scientific intervention. This goal is underscored by the choice of "France" as a name.

la fois la source d'une joie sans pareille, d'une découverte ahurissante, et l'origine de ma perte et de notre perte à tous (93).

By bequeathing his genetic material to his lawyer, he ultimately attempts to institutionalize this technology, preserve his own lineage, and promote his own immortality: "Je vous lègue, aussi, ce "dossier" qui me concerne. De ces cellules congelées vous pourrez, si vous le désirez, faire ce que j'ai fait trop maladroitement avec Françoise, et porter ainsi un clone de moi-même" (378). Jean's clone would be freed from the traditional familial relationships that led to his incestuous tendencies. Instead, he would be raised by the lawyer and her lesbian partner in an alternative family unit. Within this new familial structure, Jean envisions "une chance d'une seconde vie" as a clone. Symbolically, Jean thus allows a representative of the law to determine whether or not cloning should be permitted (115).

Who am I?: L'enfant d'une personne, l'enfant de personne

Jean's narrative highlights the potential psychological and social repercussions that autoreproduction would have on individuals and society. In his perspective, France's identity is entirely defined and shaped by her genetic similarity to her mother. Jean's perception of France is fundamentally altered by the supposed knowledge of her cloned origins, as though genetics define her identity. He expresses difficulty seeing her as a unique individual and not as a repetition (or replacement) of Françoise: "Elle est Françoise" (340). While he constantly draws parallels between France and Françoise, France, seemingly sexually and intellectually precocious, stands in opposition to her mother by embodying a woman's early reproductive years. According to Jean, given the

correct upbringing, France could still achieve her full potential, unlike Françoise, whose parents stifled her growth with their bourgeois rules.

Society, law, and medicine, Jean argues, have not yet prepared for such an individual. Within the medical world, France experiences extreme medical surveillance from conception to death. Intense visits scrutinize every stage of her development and map her genetic blueprint. As a test subject, she has no legal rights. Every behavior is perceived as a “symptom” that the doctors study as a potential anomaly. The consequences of cloning on human beings from premature death to genetic abnormalities and accelerated cell aging, remain unknown. When France asks if she will have children of her own, Jean cannot answer (352).

Je faillis lui répondre que sa mère, elle, en avait eu deux sans difficulté, mais finalement préfèrai me taire ; à la fois parce que j’ignorais si le clonage, en effet, pouvait compromettre la fonction reproductrice— après tout personne n’en savait rien— et parce que je n’étais pas très sûr de désirer que France ait des enfants que je ne pourrais jamais considérer, de toute façon, comme faisant partie de ma lignée. Il s’agit là, je ne l’ignore pas, d’une pensée qui ne me fait guère honneur, mais elle est humaine et qui prétendra, sans être aveugle, nourrir seulement des pensées avouables ? Les seuls enfants que j’aurais pu souhaiter à France, du fond de mon cœur, eussent été les nôtres. Mais ceux-là, notre société, du fait de mon rôle de père, me les interdisait. Avec cet interdit biologiquement inepte, il fallait survivre et glaner tout le bonheur possible (253).

With cloning, France’s relationships to her “father” and “mother” are severely destabilized. Her existence as a clone weakens the traditional family structure that is defined by genetic relationships. Robson points out that just “like incest, cloning may be seen to pose a particular threat to the family and to structures of kinship and inheritance” (255). As Cardoze observes: “Génétiquement, elle sera la fille de vos beaux-parents” (126). France herself seems aware of this distinction and coins her own terms to accommodate these new relationships. For instance, she calls Jean, “Pajeau” (a

combination of “père” and “Jean”), instead of “père” and her “grandfather” (Françoise’s father), “papa grand-père” (210).

France’s cloned existence also destabilizes the laws that control society. Her existence demands reconsideration of the incest taboo, because of her relationship to a man who at once fills the role of her father (Jean) and is legally bound to her genetic identical self: “Pour n’importe qui, l’identité, c’est justement ce qui n’est identique à rien” (129). For this reason, Jean justifies his “incestuous” desire for her by defining her as a copy of his wife-- as though legal, marital bonds were genetic (353, 358). In fact, he treats often France like a wife, although he recognizes that she is not genetically his daughter: “elle était et resterait à jamais ma créature” (148). Interestingly, the legal system is so unprepared to deal with the introduction of new biotechnology, that Jean is not on trial for cloning (no one believes his claims), nor for incest, but for more common transgressions—statutory rape and murder.

Writing Self

While Jean fails to reproduce biologically, he documents his creation through the confessional narrative that he writes for his lawyer. Nicole comments on his creative writing skills:

- Qu’est-ce que c’est? a-t-elle demandé. Une confession? Un roman? Vous ne manquez pas de talent...
Je m’attendais à tout sauf à ça.
- Vous trouvez?

In the end, Jean only succeeds in creating through writing, not through biology. Although Jean claims it is his story, he hesitates to define its form, placing its veracity into question: “Je ne sais pas. Une confession en forme de roman, peut-être un roman en

forme de confession, quelle importance?” (29). Jean’s reliability as a narrator remains questionable because he witnesses behavior that no one else sees and acts that the team of doctors deny. According to his memories, France is subconsciously aware of her cloned state. She herself voices ethical questions about everything from her identity to her own reproductive capacity:

Maintenant, je peux voir à l’intérieur de moi. Des millions et des milliards de bulles, il y a dans mon corps des milliards de bulles toutes petites qui grossissent mais aucune est moi parce que je suis pas votre fille, je suis pas quelqu’un, seulement l’ombre de quelqu’un, je suis un être de trop. Je suis la fille de personne, c’est ça, ma maladie. Mais ça va, je vais pas mourir tout de suite. Peut-être même que je ne mourrai jamais (323).

Likewise, Jean’s lawyer voices skepticism regarding the veracity of his writings: “En fait, ce qui me dérange, c’est l’impression que j’ai de lire plutôt un roman qu’un véritable récit autobiographique [...] Je sais que vous êtes le narrateur et en même temps, ce personnage qui parle ou plutôt qui écrit me paraît si différent de celui que j’ai en face de moi” (110). Jean himself openly questions whether one can actually write one’s life or reproduce oneself on paper, directly addressing the power of perception: “Disons qu’il [le roman] traduit ma vérité, la façon dont j’ai vécu mon histoire” (112, 138). In the end, Jean’s narrative resembles a modern reworking of Shelley’s *Frankenstein*, as he loses control of his creation (France) and ultimately destroys her (362). Still, through this manuscript, he succeeds in engaging his lawyer in his world, as she interacts with and reacts to the work, actively drawing parallels to her own relationships and reproductive issues.

Through examination of female reproductive bodies and their relationships with these hypothetical situations, Lambrichs succeeds in teasing out the multiple complications and implications of cloning technology, as they threaten to destabilize

established social structures as well as perceptions of the female reproductive body. While the story is recounted from Jean's male and scientific perspective, female bodies centrally populate the work, each exposing its tenuous, disintegrating relationship to society, medicine, and science with the introduction of human cloning. With adoption, divorces, and biotechnologies, French society has already been forced to break from the genetic model of familial relations. These scenarios reflect a constantly fluctuating family structure, where relationships are unclear and transgressions abound and must be adjusted when faced with biotechnology. Unless society rethinks its terms of reproduction, legal definitions of family relationships, and makes room for cloned individuals, it will be entirely unprepared for what Lambrichs views as an inevitable biotechnological revolution.

A ton image represents Lambrichs' first attempt to reach French society with this warning, and stir up additional bioethical debates on issues raised by the 1994 bioethics code.³⁵⁶ Since this work's publication, she has written several pieces supporting cloning research for *Le Nouvel Observateur* and *Le Monde*, as well as an editorial online publication, A Notre Image (2002), which explicitly articulates her personal views on cloning: "ce ne sont pas les révolutions techniques en soi qui sont dangereuses, ce sont

³⁵⁶ The title A ton image refers to David Rorvik's In his image: The cloning of a man (1978), the author's allegedly true story of cloning that led to a national discussion of the controversial technology in the United States. Lambrichs' work brings this debate to France, perhaps with the hope that it too would generate much needed discussion.

Rorvik, D. In his image: The cloning of a man. Philadelphia: Lippincott, 1978.

Lambrichs incites discussion on menopausal pregnancies, handicapped pregnancies, and lesbian motherhood with reproductive assistance—all contested in the 1994 law. She also raises questions on filiation and the definition of motherhood itself. In France, it was determined that the woman who gives birth is considered the mother, not necessarily the woman genetically-related to the child.

les révolutions techniques qui ne s'accompagnent pas de révolutions dans la pensée.

Encore faut-il, ces dernières, être capable de les accomplir.”³⁵⁷

(Re)conceiving Reproductive Spaces: Antiquating the Female Reproductive Body in Michel Houellebecq's La Possibilité d'une île (2005)

If we discover that not everything
can be cloned, simulated,
programmed, genetically and
neurologically managed, then
whatever survives could truly be
called 'human': some inalienable
and indestructible human quality
could finally be identified.
(Baudrillard, 16-17)³⁵⁸

Michel Houellebecq carved himself an infamous place in the contemporary French literary sphere as a “romancier provocateur” with his works Les Particules élémentaires (1998) and Plateforme (2001).³⁵⁹ Often likened to Marie Darrieussecq, his name conjures thoughts of works overflowing with inflammatory, racist, and misogynist statements and dystopic views of the future. Ralph Schoolcraft and Richard Golsan describe Houellebecq's novels as encounters with “a disconcerting mixture of neo-realist prose, advertising slogans, poetry, scientific theorems, technical jargon, pornographic passages, and of course his trademark deadpan vulgarity.”³⁶⁰ Indeed, generic hybridity,

³⁵⁷ Through these widely-read publications, where she was featured alongside well-known obstetrician, René Frydman, she actively participated in debates preceding 2004 ban.

Armanet, F., L. Lambrichs, & R. Frydman. “Devons-nous interdire le clonage?” *nouvelobs.com*. Le Nouvel Observateur. 19 December 2002. Web. 5 July 2007.

Lambrichs, L. “Le clonage reproductif: le temps de penser.” *Lemonde.fr*. Le monde. 29 January 2003. Web. 5 July 2007.

Lambrichs, L. “A notre image.” *Inventaire-invention.org*. 2002. Web. 5 July 2007.

³⁵⁸ Baudrillard, Jean. The Vital Illusion. Columbia University Press: New York, 2000. 16-17.

³⁵⁹ Abécassis, J. “The Eclipse of Desire: L’Affaire Houellebecq.” *MLN*. 115 (2000): 801-826.

³⁶⁰ Schoolcraft R & R Golsan. “Paradoxes of the Postmodern Reactionary: Michel Rio and Michel Houellebecq.” Journal of European Studies. 37.4 (2007): 349-71.

outrageous narrators, pornographic passages, popular and scientific references overflow from his narratives rousing intensive public and literary scrutiny.

By 2005, many critics wrongly predicted that his latest book, La Possibilité d'une île would be awarded the *Prix Goncourt*, due to not only its provocative content, but his flamboyant and unique style. While La Possibilité d'une île only appears to us on the printed page, it is structured as two hypertextual “commentaries” narrated by the protagonist, Daniel1’s neo-human clones (Daniel24 and Daniel25), as they read and react to their original “ancestor’s” life story (*récit de vie*). Each of Daniel1’s entries is followed by a neo-human clone’s interpretation and commentary. The juxtaposition of the original Daniel1’s narrative and his clones’ perspectives incites reflection on current and imminent reproductive technologies as well as their repercussions on identity, relationships, humanity, and writing itself.

As this novel plays with the possibilities and limitations of hypertext narratives, it engages in the exploration of new reproductive spaces. This fiction follows the story of Daniel1, a successful comedian/actor/director who recounts his life in the late 20th century, writing and performing appallingly misogynistic and xenophobic skits for insatiable audiences. His professional success eventually earns him a VIP invitation to a retreat at the recently founded cult of the Elohimite. This sect, transparently modeled after the real-life Raëlian movement, was founded by a “Prophet” who claims to have had an encounter with the extraterrestrials originally responsible for the creation of human beings, the Elohim.³⁶¹ The Prophet preaches the Elohim’s teaching, a revised Biblical

³⁶¹ David25’s commentary later reveals that the cult’s co-founder, Gérard, claimed the “encounter” was just the result of a drug-induced hallucination: “C’était juste une blague, répétait-il, une bonne blague de camés.

story, and funds scientific research in preparation for the second coming of the alien species, “les Futurs.” His supporters and eventually Daniell register their genetic material in the hope of one day being resurrected through cloning when the technology becomes available. La Possibilité d’une île imagines a post-human society where reproduction, like communication, is effectuated solely through machines, and the female body, like the printed book, is a creative artifact of the past. Two thousand years of research yield a cloned, genetically-modified species of neo-humans, who achieve immortality by reproducing themselves infinitely and transferring their collective memories from one generation to the next with enhanced biotechnology.³⁶²

To date, few scholars have examined La Possibilité d’une île in a trend exacerbated by the disappointing reception of Houellebecq’s film adaptation of the novel in 2008. Still, Houellebecq successfully creates a satirical, dystopic polyphonic narrative that blends poetry and prose, while imagining alternate forms of literary and biological creation. His fiction expands on and challenges Jean Baudrillard’s later reflections on cloning, as it considers the future of the female reproductive body and what it means to be human.³⁶³

On avait pris des champignons, on est partis faire une balade sur les volcans, et on s’est mis à délirer tout le truc. Jamais j’aurais pensé que ça serait allé si loin...” (296).

³⁶² La Possibilité d’une île was adapted into a film directed by Houellebecq himself that debuted in September 2008. The film was not well received in France.

Houellebecq, Michel. La Possibilité d’une île. Paris: Livre de Poche, 2005.

³⁶³ Baudrillard, Jean. The Vital Illusion. Columbia University Press: New York, 2000.

Fearsome Females and “la dégradation irrémédiable” (384)

Mater semper certa, pater semper incertus.

Unsurprisingly perhaps, both human and neo-human narratives are saturated with discussions of the female reproductive body. Interestingly, with its powerful fertility and ‘pathetic’ deterioration with age, the female body centrally figures in this work as mankind’s primary motivation for developing a cloning technology that allows an instantly renewing youth, without perilous genetic flaws and the inefficient development of natural human reproduction. For neo-humans, this body represents the lost humanity for which they long.

Daniell’s narrative reflects on the female reproductive body as a flawed means of procreation imbued with immense power, risk, and uncertainty. He articulates his society’s fears of this unpredictable, imperfect procreative space and its impact on identity. Daniell expresses a general apprehension towards the maternal body, in part because it places his own genetic makeup into question. Since his own physical traits do not match his parents’ (a Spanish mother and a father from Brittany), and hence, his biological origins seem unknown: “On aurait pu s’interroger: ma mère s’était-elle montrée d’une fidélité scrupuleuse? Ou avais-je pour géniture un Mustapha quelconque? Ou même – autre hypothèse —un Juif?” (23). The uncertainty of his own genetic roots spurs resentment towards women and their reproductive power. Likewise, when Daniell’s first wife becomes pregnant, he immediately ends their marriage, as if uncertain of the fetus’s true origins or fearful of the unexpected nature of procreation itself: “Pour en revenir à ma femme, à ma première femme, nous avons sans doute vécu

ensemble deux ou trois ans; lorsqu'elle est tombée enceinte, je l'ai plaquée presque aussitôt" (29). Only she, like his mother, could know the true origins of the fetus she houses and nurtures. The female body also exposes the pain of human existence when it gives birth, as exemplified by the cries of a newborn, who manifests "immédiatement sa présence au monde par des hurlements de souffrance incessants" (65).

Daniell's fear and disgust of the female reproductive body is symptomatic of a youth-worshipping society that dreads aging (cellular death) and death. The female body's ever-waning reproductive capacity serves as a constant reminder of the deterioration of the aging human body. The first installment of his narrative recounts the childhood memory of an old Englishwoman ("sèche, méchante, du genre à dépecer des renards pour décorer son living-room" (19)) at an 'all inclusive' vacation resort. As Daniel and the woman stand in line at the breakfast buffet, she takes the last three sausages, instead of leaving one for Daniel. Because the breakfast service is at its end, Daniel is left sausage-less. With her selfish act, this 'dried up' woman exposes the ironic limits of the "all inclusive" resort. This anecdote exemplifies Daniell's perception of the female reproductive body's role of exposing unjust limitations. One of his neo-human clones summarizes Daniell's observations by stating:

Le vieillissement de la femelle humaine était en somme la dégradation d'un si grand nombre de caractéristiques, tant esthétiques que fonctionnelles, qu'il est bien difficile de déterminer laquelle était la plus douloureuse, et qu'il est presque impossible, dans la plupart des cas, de donner une cause univoque au choix terminal (101)

The male body wears down more slowly and retains its virility longer than the female reproductive body, so the physical 'dégradation' is not as immediately evident. When a male body grows impotent, the man also suffers from emotional distress (200). In human

society, Daniel²⁴ concludes, there is no place for these constant reminders of one's mortality which, he ironically reasons, must explain French society's massive negligence towards the elderly during the 2003 heat wave (90).

Daniel's marriage to forty-year-old Isabelle exacerbates his general disgust for human reproduction and its imperfections, especially regarding genetic coding. Isabelle's reproductive body is an imperfect gestational vessel and a constant reminder of their own mortality. The very thought of procreating with Isabelle reminds him of the ephemeral dimension of the human body (67). Even though Isabelle could potentially reproduce, her body is approaching its reproductive end with menopause.

Isabelle était passablement hypocondriaque, et elle venait d'avoir quarante ans; mais les examens prénataux avaient beaucoup progressé, et je sentais bien que le problème n'était pas là: le problème, c'était moi. Il n'y avait pas seulement en moi ce dégoût légitime qui saisit tout homme normalement constitué à la vue d'un bébé; il n'y avait pas seulement cette conviction bien ancrée que l'enfant est une sorte de nain vicieux, d'une certaine cruauté innée, chez qui se retrouvent immédiatement les pires traits de l'espèce, et dont les animaux domestiques se détournent avec une sage prudence (65).

Daniel's mention of "les examens prénataux" acknowledges the increasing likelihood of having a child with birth defects (due to faulty genetic sequencing!), even if doctors prescreen for genetic abnormalities. In addition, children disgust Daniel in general because they express "les pires traits de l'espèce". He perceives his only son as embodying the worst qualities of both parents: "il était aussi bête que sa mère et aussi méchant que son père" (28). Subsequently, he justifies and dismisses his "degenerate" son's suicide as symptomatic of faulty genetic sequencing ("sa disparition était loin d'être une catastrophe" (29)).

In spite of his genuine admiration of Isabelle's intellect, their relationship is tainted by this inherent reminder of physical deterioration and death. Isabelle's bodily disintegration accompanies a psychological one, in part Daniell believes, due to daily confrontations with images of young, nubile women at work. Her body's changes contribute to a degeneration of their relationship and confirmation of Daniell's beliefs about the destructive repercussions of reproduction. Isabelle is unable to maintain or surmount society's youthful ideals, which destroys her positive body image and confidence: "Cet idéal de beauté plastique auquel elle ne pouvait plus accéder allait détruire, sous mes yeux, Isabelle" (71). Like the old woman at the buffet, Isabelle unveils the underlying misery of the human condition as well as the unjust truth that their body-centered society values an attractive, young body over intellect, experience, and personality.

Of a single cell born : Beyond "Primitive" Procreation

L'être humain, c'est la matière plus de l'information (236)

Within this perfection-seeking, plastic, body-obsessed society, there is no room for the imperfections of pregnancy, nor for physical reminders of one's mortality. Daniell and his clones' narratives together expose the history of the science that determines the future of the human race. Faced with this situation, the Elohim cult proposes a new reproductive space that would forego this suffering by bypassing the

female body and mastering the human genome.³⁶⁴ The cult seeks what Baudrillard refers to as an “involution,” aiming “through cloning and many other techniques, to liberate us from sex and death” (8). In a society where sexual activity and procreation have already been dissociated through the creation of contraceptives, reproduction can be liberated from sex. The Elohim cult’s first prophet envisions a more efficient form of asexual reproduction that is faster and more perfect than anything that the female body could produce.³⁶⁵ Essentially, through genetic sequencing and molecular manipulation, man could be born from a single cell. The Prophet’s method would surpass the simple notion of cloning as a “méthode primitive, directement calquée sur le mode de reproduction naturel” (236).³⁶⁶

The cult sponsors research that rewrites biblical narratives with biotechnical (not divine) interventions, allowing a different kind of ‘immaculate conception’ and ‘resurrection’. Natural reproduction requires time for conception and gestation, placing the individual at risk of random genetic mutations: “Le développement de l’embryon

³⁶⁴ The science that creates neo-humans is revealed to be the fruit of the drug-induced hallucinations of a man (the first Prophet) and his son, Vincent’s, imaginative sketches (“sur la base d’un hâtif croquis d’artiste” (365)).

³⁶⁵ Daniell’s narratives reveal the second “resurrected” Prophet Vincent’s sketched vision of a new human that is no longer preoccupied with mortality or the primal urge to reproduce. The new, improved human with the help of “minor” genetic changes, would not even rely on food products for sustenance (thus avoiding the need to defecate) (362). The human body requires a scientific correction to amend its genetic code and fix its primitive digestive system (“un système primitif, d’une rentabilité énergétique médiocre” (364)). According to Daniell, scientists used this artistic rendering to create a scientific reality: “L’être humain ainsi transformé ne subsisterait, outre l’énergie solaire, qu’au moyen d’eau et d’une petite quantité de sels minéraux; l’appareil digestif, tout comme l’appareil excréteur, pouvaient disparaître — les minéraux en excès seraient aisément éliminés, avec l’eau, au moyen de la sueur” (365).

Dans son désir de stylisation, Vincent s’était largement éloigné d’une représentation réaliste du corps humain [...] Tous les organes excréteurs, plus généralement, avaient disparu, et les êtres ainsi imaginés, s’ils pouvaient faire l’amour, étaient à l’évidence incapables de se nourrir.[...] J’étais présent, quoi qu’il en soit, lors de la réunion où Savant nous annonça que, loin d’être une simple vision d’artiste, les dessins de Vincent préfiguraient l’homme du futur (364)

³⁶⁶ The original Prophet is murdered and replaced by his son, who pretends to be a younger version of his father, resurrected by cloning technology.

n'apporte rien" (236). Gestation in the womb is viewed as an inefficient and risky "étape inutile" (236). Eliminating the woman's role in reproduction, removing creation from the womb, and placing the responsibility into science's more attentive hands, would also create a flawless product.

Les hommes du futur naîtront directement dans un corps adulte, un corps de dix-huit ans, et c'est ce modèle qui sera reproduit par la suite, c'est sous cette forme idéale qu'ils atteindront, que vous et moi nous atteindrons, si mes recherches avancent aussi rapidement que je l'espère, à l'immortalité. Le clonage n'est qu'une méthode primitive, directement calquée sur le mode de reproduction naturel ; le développement de l'embryon n'apporte rien, si ce n'est une possibilité de malformations et d'erreurs ; dès lors que nous disposons du plan de construction et des matériaux nécessaires, il devient une étape inutile (236).

Thus, the world could be freed of women's manipulative reproductive power (a clone knows its true origins), and a person could avoid being reminded of his ephemeral existence. (Raising a clone through childhood would also require time and environmental differences would influence the personality and create a different, unique individual unlike the original.) When the fleshy vessel begins deteriorating, it is simply replaced by a new one and the cycle continues eternally.

Much like the lobotomists of the 1950s, scientists in this world seek to extract psychological pain from the human experience. According to Daniell, by forging this new reproductive space and making genetic modifications, scientists would rid the world of the female body's imperfect reproduction in order to break a perceived cycle of suffering (367). Daniell's society perceives familial relationships as necessarily painful: "J'avais refusé la chaîne, brisé le cercle illimité de la reproduction des souffrances, et tel était peut-être le seul geste noble, le seul acte de rébellion authentique dont je puisse me prévaloir à l'issue d'une vie médiocre malgré son caractère artistique apparent" (385). "Natural"

human reproduction, pushed by primal instinct, often involves the formation of familial relationships that are difficult to manage and emotionally excruciating.

Tu vois, Daniel, me dit-il avec une tristesse non feinte, surprenante chez lui, le seul projet de l'humanité c'est de se reproduire, de continuer l'espèce. Cet objectif a beau être de toute évidence insignifiant, elle le poursuit avec un acharnement effroyable. Les hommes ont beau être malheureux, atrocement malheureux, ils s'opposent de toutes leurs forces à ce qui pourrait changer leur sort; ils veulent des enfants, et des enfants semblables à eux, afin de creuser leur propre tombe et de perpétuer les conditions du malheur (262).

This "new" reproductive technology would eventually dissolve family unit altogether, foregoing the emotional pain that children, parents, and partners create (385). The strong human urge to reproduce itself would diminish, no longer requiring the preservation of a handsome exterior to attract a potential mate.³⁶⁷ Without children to protect and raise, relationships between a man and woman would be simplified. The urge to reproduce itself would diminish, no longer requiring the preservation of desirable physical traits to attract a potential mate.

Yet, the human and neo-human narrators' multiple, distinct perspectives underscore the ultimate futility of the majority of science's efforts. Each scientific goal expressed by Daniel and the cult, is systematically proven unattainable by the neo-humans' narratives. Science ultimately fails to extinguish the pains of aging: "Même si le vieillissement n'a pas pour nous le caractère tragique qu'il avait pour les humains de la dernière période, il n'est pas exempt de certaines souffrances. Celles-ci sont modérées, comme le sont nos joies ; encore subsiste-t-il des variations individuelles " (161). Likewise, cloning fails to produce identical copies of the original. With each

³⁶⁷ His only son's suicide, seemingly had no effect on him because their relationship was meaningless and abstract (28-9).

reproduction and passing generation, a dimension of the “original” individual vanishes and a slightly different voice emerges. While the life story is intended to unite the different generations of clones throughout history, the commentaries expose how each neo-human, in spite of the personality and genetic similarities, becomes increasingly conscious of his individuality and of the limits of his existence through his reading and writing. Each narrator expresses himself with a distinct perspective despite their genetic similarities. The human reader (like the neo-human readers themselves) can easily distinguish between Daniel and his clones’ varying voices and interpretations, just as Daniel’s dogs can instinctively detect new ‘incarnations’ of their owners (176). Thus, the neo-human narratives reveal that the original only truly lives on in the neo-human’s modified genetic code and essentially cease to be human (406).³⁶⁸ Daniel 24 reflects on the current definitions of woman/man as though they no longer apply to the neo-human : “Marie22, si elle existe, est une femme dans la même mesure où je suis un homme; dans une mesure limitée, réfutable ” (15).³⁶⁹

In spite of the genetic modifications and dissolution of familial structures, the neo-humans continue to display a need to connect, as though it were an inerasable genetic flaw and artifact of humanity. The history of the antiquation of the female reproductive body begins with the pleasure of physical contact associated with animal instincts and sexual encounters, gradually becoming outdated in favor of masturbation

³⁶⁸ “Daniell revit en moi, son corps y connaît une nouvelle incarnation, ses pensées sont les miennes, ses souvenirs les miens; son existence se prolonge réellement en moi, bien plus qu’aucun homme n’a jamais rêvé se prolonger à travers sa descendance. Ma propre vie pourtant, j’y pense souvent, est bien loin d’être celle qu’il aurait aimé vivre (406). ”

³⁶⁹ When men’s imagination finally creates a “superior” human being, or neo-human, the modifications allow them to survive the great droughts, flooding and nuclear war of the apocalyptic future (198).

(42). Even when the creation of androids could calculate and duplicate the perfect conditions for sexual pleasure with “un vagin artificiel,” Daniel²⁴ recounts, it is a commercial failure. Without purpose, sexual relations become superfluous: “les hommes étaient simplement en train d’abandonner la partie” (44).

les récits de vie humains nous montrent par exemple avec évidence que le maintien d’une apparence physique susceptible de séduire les représentants de l’autre sexe était la seule véritable raison d’être de la santé, et que l’entretien minutieux de leur corps, [...] n’avait pas d’autre objectif (320-21).

While neo-humans no longer live for sex or reproduction, they retain a desire for physical contact. Even as science eventually identifies and eliminates the genetic origin of the biological urge to be touched (“de diminuer les souffrances liées à l’absence de contact” (163)), some neo-humans, like Daniel²⁴, express a need for tactile interactions and vague emotions, especially as they near death (163): “Je ne ressens rien d’autres qu’une très légère tristesse” (165). Although scientists discover ways to partially remove affect, some neo-humans continue to express feelings of attachment: “Daniel⁹ signale avoir pleuré, en une occasion bien précise (la mort accidentelle de son chien Fox, électrocuté par la barrière de protection) ; à partir de Daniel¹⁰, il n’en est plus fait mention ” (62). Thus, these neo-human narratives reveal a dystopic, isolated existence of immortality and deep yearning for human emotions and interactions, in spite of science’s efforts to eliminate these desires.

The female body reimaged, or the return to the womb

In the future when it has been “relieved” of its reproductive burden, the female body still preoccupies the neo-human world and a faint, biochemical push for interaction

remains, as they seek connection through cyberspace. Daniel24 and 25's primary correspondent, the neo-human Marie22/23, sends poetic quatrains and couplets accompanied by links (written as strings of numerical coordinates) to images of her genitalia that mystify him: "2711, 325104, 13375317, 452626. A l'adresse indiquée j'eus la vision de sa chatte— saccadée, pixellisée, mais étrangement *réelle*" (12).³⁷⁰ Her illustrated, poetic contributions, often reminiscent of Baudelaire's works, serve as attempts to retrieve the creative ability to suggest "de simples sensations corporelles et émotionnelles, intrinsèquement liée à l'état magique de l'esprit humain" (182).³⁷¹ The Marie(s) often communicate nostalgia for the procreation of the past through poems that evoke her vestigial genitalia:

Le second message de Marie22 était ainsi libellé :
Je suis seule comme une conne
Avec mon
Con (13).

Through her illustrated verse, Marie22/23 expresses to Daniel24/25 the vestiges of intimate human interaction as well. She attempts to convey a frustration at neo-human's current isolation and communicate to Daniel24/25 her own feelings about this loss:

Le bloc énuméré
De l'œil qui se referme
Dans l'espace écrasé
Contient le dernier terme.

247,214327, 4166, 8275. La lumière se fait, grandit, monte; je m'engouffre dans un tunnel de lumière. Je comprends ce que ressentaient les hommes, quand ils pénétraient la femme. Je comprends la femme (55).

³⁷⁰ Marie's name connects her to the Biblical mother "Marie"/Mary, who conceives Jesus through immaculate conception.

³⁷¹ "J'ai l'impression que Marie22 a souhaité, en réalisant cette image, exprimer ce que ressentiraient les humains" (162).

Her illustrated poetic contributions are clearly attempts to tap into human creativity and express neo-human nostalgia for human reproduction. In spite of the female body's former status as the source of all pain and misery in the world, neo-humans, like Marie22/23 and Daniel24/25 yearn to return to the procreation of the past and the safety of the womb.

With this intense digital connectivity, neo-humans experience alienation and isolation due to the endless links in cyberspace intended to replace physical connections that no longer exist. Neo-humans like Daniel24 transcribe the many difficulties of communication which is plagued with technological errors including failed or dead links, connections to “un écran entièrement blanc” (139), and slow connection time.³⁷² Marie23 yearns to overcome this isolation by physically encountering other humans and defecting neo-humans. She is inspired by Daniel1's final words in the form of a poem, where he speaks of “la possibilité d'une île,” which in her view, might be an independent neo-human community at the Elomite religion's homeland, Lanzarote (424). Marie23 sets out to find other neo-humans who dared to venture out and exist on an island outside of the “perimeter,” without the possibility of being replaced with a clone. A poem coupled with the live camera feed of her departing naked body invite Daniel25 to join her in search of mortality and love, away from artificial wombs (416):

Au bout de quelques seconds une néo-humaine assez jeune, de vingt-cinq ans
tout au plus, entra dans le champ de la camera pour venir se placer face à

³⁷² Daniel25 even questions whether his own existence might be limited to a digital program : “Même si Marie23, même si l'ensemble des humains et moi-même n'étions, comme il m'arrivait de le soupçonner, que des fictions logicielles, la grossesse même de ces fictions démontrait l'existence d'un ou plusieurs IGUS, que leur nature soit biologique, numérique ou intermédiaire ” (338).

With these changes, the neo-humans claim that humans cease to be human. Daniel24 reflects on the current definition of woman/man as though it no longer applies to the neo-human : “Marie22, si elle existe, est une femme dans la même mesure où je suis un homme; dans une mesure limitée, réfutable ” (15).

l'objectif. Sa chevelure et sa toison pubienne étaient bouclées, fournies et noires ; son corps harmonieux aux hanches larges, aux seins ronds, dégageait une grande impression de solidité et d'énergie (416).

The push by Marie23 to experience the emotions and interactions that human beings described in their *récits de vie*, eventually prompts Daniel25's departure out of the secured zone, in search of a neo-human colony that had chosen to face mortality. Yet, Daniel25's journey to find Marie23 and this hypothetical community, reveals only human colonies (the few that remain after the nuclear holocaust, flooding and drought) that have returned to their primal roots.

Against all odds, human women and men still exist in primitive colonies underscoring their natural perseverance. During Daniel25's venture into the outside world, one human tribe offers him a woman (and her body) as a peace offering. The neo-humans are shocked that humans continue to procreate, in spite of their miserable conditions: "Elles se perpétueront, répond-elle aussitôt, tant que les femmes continueront d'enfanter" (435). Neo-humans blame this bizarre practice on the power of the female reproductive body and the powerful influence of their hormones:

Aussi ne fallait-il nullement s'étonner qu'un animal, n'importe quel animal, ait été prêt à sacrifier son bonheur, son bien-être physique et même sa vie dans l'espoir d'un simple rapport sexuel : la volonté de l'espèce (pour parler en termes finalistes), un système hormonal aux régulations puissantes (si l'on s'en tenait à une approche déterministe) devaient le conduire presque inéluctablement à ce choix (320).

Confronted for the first time with the female reproductive body, Daniel25 attempts to copulate, but discovers an inability to connect. He perceives this body as incredibly abject:

En m'approchant, je fus saisi, par l'odeur pestilentielle qui émanait de son entre-cuisse. [...] mon odeur corporelle était légèrement plus prononcée, mais cela

n'avait rien à voir avec la puanteur qui émanait du sexe de la sauvage, mélange de relents de merde et de poisson pourri. Je reculais involontairement (450).

The neo-human species is doomed to yearn for a reproduction that is impossible for them. Although Daniel²⁵ succeeds in breaking free, he fails to connect with human females and find Marie²³. Instead, he returns to “la mer” (la mère) and bathes in its salty, amniotic-like waters—symbolically returning to the womb: “La teneur en minéraux des premières mares, peu profondes, était très faible ; tout mon corps, pourtant, accueillit le bain salé avec reconnaissance, j’eus l’impression d’être traversé de part en part par une onde nutritive, bienfaisante” (470). Yet, for neo-humans, like Daniel²⁵, this return comes too late and he fails to feel the comfort and belonging he was seeking : “C’était donc cela que les hommes appelaient la mer, et qu’ils considéraient comme la grande consolatrice, comme la grande destructrice aussi, celle qui érode, qui met fin avec douceur [...] J’étais indélivré” (473).

Daniel²⁵’s narrative ends with the thought that his physical suffering from lack of sustenance and inability to be replaced, renders his life real: “J’étais, je n’étais plus. La vie était réelle” (474). The new means of reproduction neither guarantees eternal life, nor prevents the suffering of an aging body. Ultimately, by replacing traditional reproduction with biotechnology, humans create an even more isolating existence, void of meaning. Neo-humans fail to escape from a desire to reproduce and connect meaningfully with others—artifacts of their humanity that biotechnology could not eliminate. After finishing the novel, the lone question at its beginning resonates, spoken by an unidentified authorial voice: “Qui, parmi vous, mérite la vie éternelle?”—eternal life seems more like a punishment than a prize.

Life without reproduction becomes a life without sex and human interaction, where neo-humans hopelessly search for meaning and a way to reconnect with each other and their human ancestors. With the social, genetic, and environmental changes, some neo-humans still desire to break free of their sheltered and isolated world and seek to connect. They recognize the futility of artificial procreation and desire a return to traditional reproduction.

New productive spaces: Writing and reading a life

Within this world of new reproductive spaces, Houellebecq explores communication and creative production exclusively through digital code. Without the distractions of procreation, reading, reacting to and composing a *récit de vie* become an institutionalized element of neo-human existence serving as a way to give meaning to life and one of the three pillars of their religion (179).³⁷³ Originally, this idea was conceived by the second Prophet, Vincent¹, “comme une annexe, un simple palliatif en attendant que progressent les travaux de Slotan¹ sur le câblage des réseaux mémoriels” (303). The *récit de vie*, Daniel²⁴ explains, is “assez proche de ce qu’on appelait jadis *l’autobiographie*” (27). The difference, he claims, is that the narrative need not start at the beginning: “Il n’y a pas de consigne précise. Le début peut avoir lieu en n’importe quel point de la temporalité, de même que le premier regard peut se porter en n’importe quel point de l’espace d’un tableau; l’important est que, peu à peu, l’ensemble resurgisse” (27).

³⁷³ “La duplication rigoureuse du code génétique, la méditation sur le récit de vie du prédécesseur, la rédaction du commentaire : tels étaient les trois piliers de notre foi, inchangés depuis l’époque des Fondateurs” (179).

Neo-humans essentially become a species of readers and writers. Life without procreation becomes an existence without sex and human interaction, where neo-humans hopelessly search for meaning and a way to reconnect with each other and their human ancestors.

Un être est façonné, quelque part dans la Cité centrale, qui est semblable à moi; il a du moins mes traits, et mes organes internes. Lorsque ma vie cessera, l'absence de signal sera captée en quelques nanosecondes; la fabrication de mon successeur sera aussitôt mise en route. Dès le lendemain, le surlendemain au plus tard, la barrière de protection sera rouverte; mon successeur s'installera entre ces murs. Il sera le destinataire de ce livre (27).

As each neo-human writes, he becomes increasingly conscious of his individuality and of the limits of his existence through reading and writing. Through digital connections, neo-humans collaborate in a reconstruction of history, actively confirming, denying, and filling in aspects of Daniell's story, by citing other humans' *récits de vie* (302, 366).³⁷⁴ Much of the neo-human commentary consists of observing the variety of narrative techniques that can be used to tell the same story (367) and appreciating multiple perspectives of the same event in an attempt to gain a better understanding of it, granting no absolute authority (366, 295). Daniel25 observes, for instance, while Marie1 completed her narrative in less than three pages, "Rebecca1 était célèbre pour son récit de vie comportant plus de deux mille pages, et qui ne couvrait cependant qu'une période de trois heures" (199). Some of Daniel25's most meaningful moments with neo-humans, namely Marie23 and Esther 31, involve collectively discussing and interpreting Daniell's life narrative that ends abruptly (421-424).³⁷⁵

³⁷⁴ ("Ce passage de la narration de Daniell est sans doute, pour nous, l'un des plus difficiles à comprendre" (61)).

³⁷⁵ Daniel25, seeks access to Daniell's girlfriend's *récit de vie*, for this information, by requesting permission from her neo-human descendents: "Naturellement elle avait lu le récit de vie d'Ester1, elle

Daniell's clones convey a great diversity of reading experiences in digital form. Neo-humans read life stories in hypertext form, complete with electronic links and addresses to images, videos, and other commentaries, inaccessible, of course, to the extradiegetic reader. Elements of Daniell's story, for instance, are confirmed and clarified through video recordings, giving a multi-media dimension to an autobiography: "Ce passage de la narration de Daniell est sans doute, pour nous, l'un des plus difficiles à comprendre. Les cassettes vidéo auxquelles il fait allusion ont été retranscrites, et annexées à son récit de vie" (61). While the *récits de vie* are written in prose, communications between neo-humans (transcribed in the commentaries) are often composed in poetry and often accompanied by links to images (in the form of numerical coordinates): "2711, 325104, 13375317, 452626. A l'adresse indiquée j'eus la vision de sa chatte—saccadée, pixellisée, mais étrangement *réelle*" (12). Both the sequences of images and words require interpretation by the neo-human reader. (At times, the image is indecipherable or blurred). It seems that muted biological desire to create and connect manifests itself in neo-human interactions and interpretative collaborations.

Although these hyperlinks are inaccessible to the extradiegetic reader and do not appear as footnotes or appendices, they convey the neo-humans' interactive reading experience, who not only provide commentary but append links. On one unique occasion, Daniel24 refers his reader to another ninety pages of manuscript that are appended at another IP address. This portion of the narrative of course, is inaccessible to the reader—though the experience is gestured towards with the use of an asterisk and footnote:

avait même terminé son commentaire; mais il ne lui paraissait pas opportun que j'en prenne connaissance" (421).

(Daniel24) Si je déroge ici à cette règle, conformément à une tradition ininterrompue depuis Daniel17, c'est que les quatre-vingt-dix pages suivantes du manuscrit de Daniell ont été rendues complètement caduques par l'évolution scientifique* (100).

* Le lecteur curieux les trouvera cependant en annexe au commentaire de Daniel17, à la même adresse IP (100, footnote).

The intense process of interacting with the text urges the reader to reflect on his own reactions to the work as he encounters the neo-human commentaries.³⁷⁶ The reader is unable to access the neo-humans' links and files. Thus, the reading experience is limited to imagining the possibilities of the electronic page.

La Possibilité d'une île imagines new (re)productive spaces in a dystopic post-human society where procreation, like communication and writing, is effectuated through machines, as man desperately struggles to master genetic and digital codes in order to bypass the female reproductive body and rid existence of pain. Houellebecq anticipates the future of literature in our increasingly digital world and, with this work, gestures towards its creative possibilities and limitations.³⁷⁷

At the same time, Houellebecq's tireless use of popular, real-life references invite the reader to recognize the society described within the pages of the novel. A reader cannot finish this work without reflecting on the contemporary breakdown of human communication, relationships, reproduction, and identity in an increasingly technological world. This work boldly confronts biotechnology's attempts to replace the human body's role in reproduction, asserting that the repercussions will be far greater than a simple

³⁷⁶ Reading also becomes a way of managing the remnants of human emotions. Daniel25, for example, has difficulty accepting Marie23's quest to find a neo-human colony and eases these feelings with recommended reading: "En telles circonstances, la Sœur suprême recommande la lecture de Spinoza; j'y consacre environ une heure journalière" (382).

³⁷⁷ Interestingly, this work along with many other of Houellebecq's books, is available for download onto the Amazon Kindle.

liberation from (or of) the female body. In spite of man's attempt to achieve immortality and defeat biological degradation, science only provides rapidly disintegrating vessels into which they can charge a partial personality that only distantly resembles the original's. Attempts to rid the fleshy vessel of desire (to communicate, touch, etc) are equally ineffective, like their efforts to achieve more efficient form of communication. The endless links in cyberspace only alienate the neo-humans from each other as they attempt to replace connections that no longer exist. Thus, the creation of new productive spaces fails miserably as well.

Houellebecq thus creates a work dedicated to the apprehension of technology and recognition of the importance of traditional reproduction as well as an understanding that pain is part of the human experience. Within this scenario, the elements that machines and genetic engineering cannot completely eliminate the desire to connect/love, be individual, and create, which are the "indestructible" qualities that Houellebecq's work proposes define us as human. Unsurprisingly then, the female reproductive body is the center of this work, holding society together and preserving humanity.

Conclusion

Most people agree that human beings are not entirely defined and predetermined by their genetic blueprint. They are also products of their surroundings and individual experiences. A clone would never be an exact copy of the original. Lambrichs and Houellebecq force their readers to think about the future of reproduction and writing as society becomes increasingly dependent on technology.

Interestingly, some French scientists have published works of fiction warning the public of the potentially disastrous ramifications of the rapidly changing birth culture and technology they themselves created. In 1998, for instance, the biologist responsible for the first successful test-tube baby in France, Jacques Testart, published a cautionary tale, Eve, ou la répétition (1998), which questions the future of reproductive science. Testart currently defines himself as a “critique de science,” actively writing and speaking against abuses of medically-assisted reproduction.³⁷⁸ He has also co-authored fictions like L’enfant de l’absente (1994) with Thierry Jonquet that warn of the possible abuses of the “mère-machine.”³⁷⁹

By daring to draw attention to bioethical debates in their fiction, writers are urging their readers to reexamine contemporary laws that control the female reproductive body, to rethink the need to reinvent reproduction, and seriously reflect on how society will adapt to the repercussions of this imminent biotechnology.

³⁷⁸ Testart, Jacques. “Jacques Testart: critique de médecine.” *jacques.testart.free.fr*. n.d. Web. 21 February 2010.

³⁷⁹ Jonquet, T. & Jacques Testart. (1994)L’enfant de l’absente. Paris : Seuil, 1999.

CONCLUSION

During the spring of 2010, the French government began reviewing the 2004 *lois de bioéthique*, spurring once again a national debate centered on the future human reproduction in France.³⁸⁰ Perhaps the most controversial clauses under reconsideration are those articles that forbid gestational surrogacy and restrict certain parties (homosexual couples or menopausal women, for example) from access to assisted reproductive technology. In mid-March, French lawmakers voted to maintain the ban on gestational surrogacy, while judges upheld the decision to grant a gestational mother legal rights over a genetic mother. During their debates, they carefully reviewed studies that took into consideration a multitude of factors ranging from scientific studies, medical risks, legal and social complications, and the repercussions on children. To what degree they considered the lived experiences of the female reproductive body themselves remains questionable.

Hysterographies voice the lived experiences of female reproductive bodies as they encounter and react to shifts in birth culture with the introduction of new technologies and resulting legislation. Over the past two decades, through their fiction, French authors have begun to draw attention to these changes, constantly reasserting the voice of the reproductive subject against the prevailing medical, legal, and social discourses. At the same time, writers have found inspiration in women's encounters with biomedical technology and medicine, as they attempt to find the words to capture these experiences.

³⁸⁰ “ La révision des lois de bioéthique : Etude adoptée par l’assemblée générale plénière.” *conseil-etat.fr* Les études du Conseil d’Etat. 6 May 2009. Web. 3 November 2009.

As readers encounter these fictions, they cannot help but reflect on how these experiences shape the perception of the female body and its place in society, as well as the understanding of family, woman, even human existence.

By writing hysteroographies, one might say that authors renew a once lost, primarily oral tradition of passing on narratives of reproductive experiences of the female body. Within the realm of French fiction, composing narratives centered around reproduction from a first person perspective is relatively new territory. While some authors, like Redonnet, return to genres of the past (fairy tale) to explore reproduction, others like Angot venture into ambiguous generic categories (autofiction?) to voice subversive experiences of birth. Authors like Ernaux consciously work to create a collectivity in once-silenced experiences with their writing, seeking to capture at once personal and collective stories of pregnancy loss. Hysteroographies like Laurens' and Lévy's are spaces to explore life's every day tragedies that are, for some, too horrid to be written, and for others, too painful not to be. Authors like Darrieussecq and Châtelet dare to venture into the taboo experiences of menopause to rethink conventional stigmas against the aging, sterile woman. As a whole, hysteroographies firmly assert the importance of voicing the lived experiences of the female reproductive body in France without hesitation or restraint.

These hysteroographies represent the beginning of an exploration that will no doubt continue well into the millennium as the face of reproduction continues to change with the introduction of new technologies. Over the past century, technological developments in biomedicine have undeniably redefined how humans reproduce and

enter the world. Later in the spring, French lawmakers will reevaluate the future of new reproductive technologies like *oocyte vitrification*, a process involving the cryonic freezing of oocytes (egg cells). One can only guess what this and other transformations to birth culture the next hundred years will bring. As science rapidly approaches its goal of removing reproduction from the womb, it will be interesting to track if and how writers anticipate the consequences and incorporate them in their fictions. While French authors, like Houellebecq and Lambrichs, have penned works anticipating cloning technology, they have yet to imagine the voices of the women living experiences of autoreproduction or ectogenesis.

Even today, as these authors write hysteroographies, the ways that we receive and read their works are rapidly changing. The introduction of the Kindle, Ebook, and iPad is opening the doors to different, interactive reading experiences that can incorporate sounds, images, videos, and hyperlinks. Authors will likely continue experimentation with varieties of narrative techniques and these new ways of writing to express these lived experiences of the female reproductive body in their hysteroographies. Thus, in spite of many critics' predictions, these contemporary authors of hysteroographies demonstrate that French fiction of the new millennium proves to be a truly fertile space for innovation and meaningful reflection.

APPENDIX I: List of Hysterographies

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APPENDIX II: Article 317 of the penal code of 1810

Quiconque, par aliments, breuvages, médicaments, violences, ou par tout autre moyen, aura procuré l'avortement d'une femme enceinte, soit qu'elle y ait consenti ou non, sera puni de la réclusion.

La même peine sera prononcée contre la femme qui se sera procuré l'avortement à elle-même, ou qui aura consenti à faire usage des moyens à elle indiqués ou administrés à cet effet, si l'avortement s'en est ensuivi.

Les médecins, chirurgiens et autres officiers de santé, ainsi que les pharmaciens qui auront indiqué ou administré ces moyens, seront condamnés à la peine des travaux forcés à temps, dans le cas où l'avortement aurait eu lieu.

APPENDIX III : La loi réprimant la provocation à l'avortement et à la propagande anticonceptionnelle du 1er août 1920, votée le 31 juillet 1920.

Article 1er. - Sera puni d'emprisonnement de six mois à trois ans et d'une amende de 100 francs à 3000 francs quiconque:

Soit par des discours proférés dans des lieux ou réunions publiques;

Soit par la vente, la mise en vente ou l'offre, même non publique ou par l'exposition, l'affichage ou la distribution sur la voie publique ou dans les lieux publics, ou par la distribution à domicile, la remise sous bande ou sous enveloppe fermée ou non fermée, à la poste ou par tout autre agent de distribution ou de transport, de livres, d'écrits, d'imprimés, d'annonces, d'affiches, dessins, images et emblèmes;

Soit par la publicité de cabinets médicaux ou sous disant médicaux. Aura provoqué au crime d'avortement alors même que cette provocation n'aura pas été suivie des faits.

Article 2. - Sera puni des mêmes peines quiconque aura vendu, mis en vente, distribué ou fait distribué, de quelque manière que ce soit, des remèdes, substances, instruments ou objets quelconques, sachant qu'ils étaient destinés à commettre le crime de l'avortement, lors même que cet avortement n'aurait été ni consommé, ni tenté et alors même que ces remèdes, substances, instruments ou objets quelconques proposés comme moyens d'avortement efficaces seraient, en réalité, inaptes à les réaliser.

Article 3. - Sera puni d'un mois à six mois de prison et d'une amende de 100 francs à 5000 francs quiconque, dans un but de propagande anticonceptionnelle aura, par un des moyens spécifiés aux articles 1er et 2, décrit ou divulgué, ou offert de révéler des procédés propres à prévenir la grossesse, ou encore à faciliter l'usage de ces procédés. Les mêmes peines seront applicables à quiconque, par l'un des moyen énoncés à l'article 23 de la loi de 29 juillet 1881, se sera livré à la propagande anticonceptionnelle ou contre la natalité.

Article 4.- Seront punies des mêmes peines les infractions aux articles 32 et 36 de la loi du 21 germinal an XI, lorsque les remèdes secrets sont désignés par les étiquettes, les annonces ou tout autre moyen comme jouissant de vertus spécifiques préventives de la grossesse alors même que l'indication de ces vertus ne seraient que mensongère.

Article 5.- Lorsque l'avortement aura été consommé à la suite des manoeuvres ou des pratiques prévues à l'article 2, les dispositions de l'article 317 du Code Pénal seront appliquées aux auteurs desdites manoeuvres ou pratiques.

Article 6.- L'article 463 du Code Pénal est applicable aux délits ci-dessus spécifiés.

Article 7.- La présente loi est applicable à l'Algérie et aux colonies, dans les conditions qui seront déterminées par des règlements d'administration publique.

Code Pénal : Article 317 (Décret-loi du 29 juillet 1939, article 82)

Quiconque, par aliments, breuvages, médicaments, manoeuvres, violences ou par tout autre moyen aura procuré ou tenté de procurer l'avortement d'une femme enceinte ou supposée enceinte, qu'elle y ait consenti ou non, sera puni d'un emprisonnement d'un à cinq ans, et d'une amende de 1800 F à 100 000 F.

L'emprisonnement sera de cinq ans à dix ans et l'amende de 18000 F à 250 000 F s'il est établi que le coupable s'est livré habituellement aux actes visés au paragraphe précédent. Sera punie d'un emprisonnement de six mois à deux ans et d'une amende de 360 F à 20000 F la femme qui se sera procuré l'avortement à elle-même ou aura tenté de se le procurer, ou qui aura consenti à faire usage des moyens à elle indiqués ou administrés à cet effet.

Les médecins, officiers de santé, sages-femmes, chirurgiens dentistes, pharmaciens ainsi que les étudiants en médecine, les étudiants ou employés en pharmacie, herboristes, bandagistes, marchands d'instruments de chirurgie, infirmiers, infirmières, masseurs, masseuses, qui auront indiqué, favorisé ou pratiqué les moyens de procurer l'avortement seront condamnés aux peines prévues aux paragraphes premier et second du présent article. La suspension pendant cinq ans au moins ou l'incapacité absolue de l'exercice de leur profession seront, en outre, prononcées contre les coupables.

Quiconque contrevient à l'interdiction d'exercer sa profession prononcée en vertu du paragraphe précédent sera puni d'un emprisonnement de six mois au moins et de cinq ans au plus et d'une amende de 3600 F au moins et de 100 000 F au plus, ou de l'une de ces deux peines seulement.

Code de la famille : Décret-Loi du 29 juillet 1939, article 84.

Toute condamnation correctionnelle pour les délits prévus par les articles 317 et 334 du Code Pénal, et par la loi du 31 juillet 1920 comporte, de plein droit, l'interdiction d'exercer aucune fonction, et de remplir aucun emploi, à quelque titre que ce soit, dans des cliniques d'accouchement, maisons d'accouchement et tous établissements privés recevant habituellement, à titre onéreux ou gratuit, et en nombre quelconque, des femmes en état réel, apparent ou présumé de grossesse.

Toute condamnation pour tentative ou complicité des infractions ci-dessus spécifiées entraînera la même incapacité.

APPENDIX IV : La loi No. 2001-588 du 4 juillet 2001

Article L2212-1

La femme enceinte que son état place dans une situation de détresse peut demander à un médecin l'interruption de sa grossesse. Cette interruption ne peut être pratiquée qu'avant la fin de la douzième semaine de grossesse.

Article L2212-3

Le médecin sollicité par une femme en vue de l'interruption de sa grossesse doit, dès la première visite, informer celle-ci des méthodes médicales et chirurgicales d'interruption de grossesse et des risques et des effets secondaires potentiels.

Il doit lui remettre un dossier-guide, mis à jour au moins une fois par an, comportant notamment le rappel des dispositions des articles L. 2212-1 et L. 2212-2, la liste et les adresses des organismes mentionnés à l'article L. 2212-4 et des établissements où sont effectuées des interruptions volontaires de la grossesse.

Les directions départementales des affaires sanitaires et sociales assurent la réalisation et la diffusion des dossiers-guides destinés aux médecins.

APPENDIX V : La loi n°94-654 du 29 juillet 1994 (On access to assisted reproduction)

*Loi n°94-654 du 29 juillet 1994 relative au don et à l'utilisation des éléments et produits du corps humain, à l'assistance médicale à la procréation et au diagnostic prénatal *bioéthique**

Article L152-1

L'assistance médicale à la procréation [*AMP, définition*] s'entend des pratiques cliniques et biologiques permettant la conception in vitro, le transfert d'embryons et l'insémination artificielle, ainsi que de toute technique d'effet équivalent permettant la procréation en dehors du processus naturel.

Article L152-10

La mise en oeuvre de l'assistance médicale à la procréation doit être précédée d'entretiens particuliers des demandeurs avec les membres de l'équipe médicale pluridisciplinaire du centre, qui peut faire appel, en tant que de besoin, au service social institué au titre VI du code de la famille et de l'aide sociale.

Ils doivent notamment :

1° Vérifier la motivation de l'homme et de la femme formant le couple et leur rappeler les possibilités ouvertes par la loi en matière d'adoption ;

2° Informer ceux-ci des possibilités de réussite et d'échec des techniques d'assistance médicale à la procréation, ainsi que de leur pénibilité ;

3° Leur remettre un dossier-guide comportant notamment :

a) Le rappel des dispositions législatives et réglementaires relatives à l'assistance médicale à la procréation ;

b) Un descriptif de ces techniques ;

c) Le rappel des dispositions législatives et réglementaires relatives à l'adoption, ainsi que l'adresse des associations et organismes susceptibles de compléter leur information à ce sujet.

La demande ne peut être confirmée qu'à l'expiration d'un délai de réflexion d'un mois à l'issue du dernier entretien.

La confirmation de la demande est faite par écrit.

La mise en oeuvre de l'assistance médicale à la procréation est subordonnée à des règles de sécurité sanitaire définies par décret en Conseil d'Etat.

L'assistance médicale à la procréation ne peut être mise en oeuvre par le médecin lorsque les demandeurs ne remplissent pas les conditions prévues par le présent chapitre ou lorsque le médecin, après concertation au sein de l'équipe pluridisciplinaire, estime qu'un délai de réflexion supplémentaire est nécessaire aux demandeurs dans l'intérêt de l'enfant à naître.

Les époux ou les concubins qui, pour procréer, recourent à une assistance médicale nécessitant l'intervention d'un tiers donneur doivent préalablement donner, dans les conditions prévues par le code civil, leur consentement au juge ou au notaire.

Article L152-3

Un embryon ne peut être conçu in vitro que dans le cadre et selon les finalités d'une assistance médicale à la procréation telle que définie à l'article L. 152-2. Il ne peut être conçu avec des gamètes ne provenant pas d'un au moins des deux membres du couple.

Compte tenu de l'état des techniques médicales, les deux membres du couple peuvent décider par écrit que sera tentée la fécondation d'un nombre d'ovocytes pouvant rendre nécessaire la conservation d'embryons, dans l'intention de réaliser leur demande parentale dans un délai de cinq ans.

Les deux membres du couple sont consultés chaque année pendant cinq ans sur le point de savoir s'ils maintiennent leur demande parentale.

Un décret en Conseil d'Etat détermine les obligations auxquelles sont tenus les établissements et les laboratoires au regard de leur conservation pendant la durée d'application de la loi n° 94-654 du 29 juillet 1994 relative au don et à l'utilisation des éléments et produits du corps humain, à l'assistance médicale à la procréation et au diagnostic prénatal, notamment lorsqu'ils cessent leur activité.

Article L152-4

A titre exceptionnel, les deux membres du couple peuvent consentir par écrit à ce que les embryons conservés soient accueillis par un autre couple dans les conditions prévues à l'article L. 152-5.

En cas de décès d'un membre du couple, le membre survivant est consulté par écrit sur le point de savoir s'il consent à ce que les embryons conservés soient accueillis par un autre couple dans les conditions prévues à l'article L. 152-5.

Article L152-7

Un embryon humain ne peut être conçu ni utilisé à des fins commerciales ou industrielles [*interdiction*].

Article L152-8

La conception in vitro d'embryons humains à des fins d'étude, de recherche ou d'expérimentation est interdite.

Toute expérimentation sur l'embryon est interdite.

A titre exceptionnel, l'homme et la femme formant le couple peuvent accepter que soient menées des études sur leurs embryons.

Leur décision est exprimée par écrit.

Ces études doivent avoir une finalité médicale et ne peuvent porter atteinte à l'embryon.

Elles ne peuvent être entreprises qu'après avis conforme de la commission mentionnée à l'article L. 184-3 ci-dessous dans des conditions définies par décret en Conseil d'Etat.

La commission rend publique chaque année la liste des établissements où s'effectuent ces études, ainsi que leur objet.

APPENDIX VI : La loi n°94-654 du 29 juillet 1994 (On surrogate pregnancy)

*Loi n°94-654 du 29 juillet 1994 relative au don et à l'utilisation des éléments et produits du corps humain, à l'assistance médicale à la procréation et au diagnostic prénatal *bioéthique**

L'article 16-7 du Code civil

Toute convention portant sur la procréation ou la gestation pour le compte d'autrui est nulle .

APPENDIX VII : Loi n°2004-800 du 6 août 2004*Article 16-4*

Nul ne peut porter atteinte à l'intégrité de l'espèce humaine.

Toute pratique eugénique tendant à l'organisation de la sélection des personnes est interdite.

Est interdite toute intervention ayant pour but de faire naître un enfant génétiquement identique à une autre personne vivante ou décédée.

Sans préjudice des recherches tendant à la prévention et au traitement des maladies génétiques, aucune transformation ne peut être apportée aux caractères génétiques dans le but de modifier la descendance de la personne.

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